

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

5574

1-2-3
PLACE OF DEATH
County Dubouan Registration District No. 85 File No. _____
Township _____ Primary Registration District No. 1001 Registered No. 242
City St. Joseph, Mo. (No. State Hospital for Insane) St. _____ Ward _____

2. FULL NAME Wiley Goens
(a) Residence. No. St. Joseph St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 16 yrs. 10 mos. 26 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Year 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 Units Units

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Kentucky

14. INFORMANT State Hospital for Insane
Address St. Joseph, Mo.

15. FILED 26 1929
REGISTRAR John G. [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 30th Feb. 1929

17. I HEREBY CERTIFY, That I attended deceased from Doctor 19th Feb. 1929 to 19th Feb. 1929 that I last saw him alive on 19th Feb. 1929, and that death occurred, on the date stated above, at 8:40 A.M.

CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis

9369013

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED here

IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. P. Branch, M. D.

20th Feb. 1929 (Address) St. Joseph, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL State Hospital for Insane DATE OF BURIAL Feb. 26 1929

20. UNDERTAKER Heaton, Bellol, & Bourman ADDRESS 319 So. 10th St.

W. J. H. Savle

Funeral Home

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

21/1929

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FEB 26 1929

