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

Do not use this space.

13610

MAY 29 1929

PLACE OF DEATH

County: Vernon
Township:
City: Nevada (No. ..... St. ..... Ward)

Registration District No. 875
Primary Registration District No. 6162

File No.
Registered No. 82

2. FULL NAME Nessa Goodwin

(a) Residence. No. St. Hospital # 3 St., ... Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
F	W	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-8-1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	9	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Girard
(STATE OR COUNTRY) Kansas

PARENTS

10. NAME OF FATHER James Sinnerington
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Katie Villery
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

14. INFORMANT State Hospital Record
(Address) Nevada, Mo.

15. FILED 4/20/1929 E. R. King REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 26 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar 23, 1929, to Mar 26, 1929, that I last saw h. alive on Mar 26, 1929, and that death occurred, on the date stated above, at 3:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

3 Cerebro Spinal syphilis
1 Paral
28 (duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic myocarditis
(duration) ? yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical & laboratory finding
(Signed) F. L. Martin, M. D
Mar 27, 1929 (Address) Nevada 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 Harrisonville, Mo. — DATE OF BURIAL Mar 28 1929

20. UNDERTAKER Allen V Heaps — ADDRESS Nevada, Mo

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