JUN 25 1929

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

Do not use this space.

17855

File No. .....

Registered No. 404

1. PLACE OF DEATH

County Greene — Registration District No. 318

Township ..... — Primary Registration District No. 5439

City Springfield R1-4 (No. County Farm ..... St. ..... Ward)

2. FULL NAME Martha Thompson

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

Length of residence in city or town where death occurred 3 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)
Fem	W	widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1848

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	81	unknown		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) N.C.

PARENTS

10. NAME OF FATHER Thomas T. Goode

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) N.C.

12. MAIDEN NAME OF MOTHER Elizabeth Kenamore

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

14. INFORMANT Grant Goode
(Address) Galloway Mo.

15. FILED 5-26, 1929. Lou Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-20 1929

17. I HEREBY CERTIFY, That I attended deceased from May 16, 1929, to May 19, 1929 that I last saw her alive on ....., 19....., and that death occurred, on the date stated above, at 6 30 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

108 Pneumonia Lobar
162

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Senility

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? Hold

IF NOT AT PLACE OF DEATH? .....

9 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? ✓

WHAT TEST CONFIRMED DIAGNOSIS? .....

5/20 (Signed) Mary A George M. D
, 1929 (Address) Springfield 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 Hazelwood — DATE OF BURIAL 5-21 1929

20. UNDERTAKER W H Farwe — ADDRESS Mo.

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.

STATE OF MISSOURI, WITH OMAHA, INDEXING IS A PERMANENT RECORD