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

Do not use this space. 30670

1. PLACE OF DEATH
County Howell — Registration District No. 3824 — File No. 93
Township — Primary Registration District No. 4227 — Registered No.
City West Plains Mo (No. ... St. ... Ward)

2. FULL NAME Jas. Walter Goodwin
(a) Residence (Usual place of abode) No. ... St., ... Ward. ... (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: Ma
4. COLOR OR RACE: Wht
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr 4 - 28

7. AGE: Years 1 — Months 5 — Days 17 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant
(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): Barger Tex

PARENTS
10. NAME OF FATHER: W. J. Goodwin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Dont know
12. MAIDEN NAME OF MOTHER: Della Davenport
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dont know

14. INFORMANT: Mrs W. J. Goodwin
(Address) West Plains Mo

15. FILED 10-7-1929 O. P. A. Heinrich REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 9/21 1929

17. I HEREBY CERTIFY, That I attended deceased from 9-17, 1929, to 9-21, 1929, that I last saw h.s. alive on 9-21, 1929, and that death occurred, on the date stated above, at 11:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho-Pneumonia
119B
107A
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY): Entero-Colitis
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Same
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) R. E. Hogan, M. D.
9-21, 1929 (Address) West Plains 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: Howell Valley — DATE OF BURIAL: 9/23 - 1929

20. UNDERTAKER: McFarlands — ADDRESS: West Plains 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.

1929