

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

Do not use this space.

7209

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City.....

(No. 39112

Fairfax An.

File No.....
Registered No. 2084
St. Ward)

2. FULL NAME

(a) Residence. No. 39112 Fairfax An St. 11 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. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

widow

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

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

May 2 - 1868

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

61

9

24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

Housewife

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

at home

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

Decatur

(STATE OR COUNTRY)

Ills.

10. NAME OF FATHER

W. E. Goodman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ills.

12. MAIDEN NAME OF MOTHER

Ernie Schootman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ills.

14. INFORMANT

(Address)

Mrs. Jona Myers

3911 Fairfax An.

15. FILED

19

May 21 1930

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 26 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 20 - 1930 to Feb. 26, 1930

that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at 2:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1. Cerebral Hemorrhage (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis chronic (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Chemical analysis

(Signed) Martin J. Bless, M. D.

7/27, 1930 (Address) 506 Clin

*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

DATE OF BURIAL

Friedens Cemetery

FEB 28 1930

20. UNDERTAKER

ADDRESS

Feltz Bros. 3029 Lafayette Ave

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.

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506 Oliver St.