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

Do not use this space.

10447

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis Mo. (No. Alexian Bros. Hospital St. ..... Ward)

File No. ..... Registered No. 2431

2. FULL NAME Leon A. Goodrich

(a) Residence. No. Mayfair Hotel St., 25 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 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)
Male	White	Widowder

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept, I5, I875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	54	5	23	

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

303

9. BIRTHPLACE (CITY OR TOWN) Osceola
(STATE OR COUNTRY) Ark.

PARENTS

10. NAME OF FATHER Leon Goodrich

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Charles N. Goodrich
(Address) Jackson Tenn.

15. FILED ....., 19.. [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 8 1930

17. I HEREBY CERTIFY, That I attended deceased from 19th Jan, 1930 to Mar 8, 1930 that I last saw him alive on Mar 7 11 P.M. 1930 and that death occurred, on the date stated above, at Midnight m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis and (Diabetes 6 mos) Mellitus
(duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Uremia and Hypostatic Congestion Lungs #103 (duration) — yrs. — mos. 10 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? Consultations
(Signed) M McHaugen, M. D.
3/8, 1930 (Address) 911 Arcade St Louis Mo

57

*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
Osceola Arkansas	3/II 1930
20. UNDERTAKER	ADDRESS
Swift Furn. & Und Co	Osceola Ark.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

SEP 2 1982