

MAY 20 1930

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

Do not use this space.

11520

1. PLACE OF DEATH
 County Warren Registration District No. 903
 Township Grant City Primary Registration District No. 4075-
 City Grant City (No. _____) St. _____ (Ward _____)

2. FULL NAME James Goodwin
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

3. SEX M
 4. COLOR OR RACE W
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife dead
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 5 - 1849
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 3 9
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 14 1930
 17. I HEREBY CERTIFY, That I attended deceased from _____ to _____ that I last saw him alive on _____, 1930, and that death occurred, on the date stated above, at _____.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Endocarditis
Epilepsy
upper lip
 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY (SECONDARY)
Rheumatism (duration) 2 yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Grant Mo
 10. NAME OF FATHER John Goodwin
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Indiana
 12. MAIDEN NAME OF MOTHER Mary Reese
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHO'S TEST CONFIRMED DIAGNOSIS? Physician findings
 (Signed) P. J. Reese M. D.
5/14, 1930 (Address) Grant City Mo

14. INFORMANT Martha J. Goodwin
 (Address) Grant City Mo
 15. FILED May 10 1930 John Andrews
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Grant City Mo DATE OF BURIAL Mar 19 1930
 20. UNDERTAKER Andrews ADDRESS Grant City

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact status of OCCUPATION is very important.

