

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

Do not use this space.

24112

1. PLACE OF DEATH

County St. Louis Registration District No. 785
Township Conthout Primary Registration District No. 6031
City (No.) St. Ward)

File No.
Registered No. 157

2. FULL NAME

Jennie C. Goode
(a) Residence No. Fulton Mo St. 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. ds. 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)

Married

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

Robert L. Goode

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

July 13 1871

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>59</u>	<u>5</u>	<u>10</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home House Work
(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)

Fulton Mo

10. NAME OF FATHER

Benjamin Rudder Sr

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

Fulton Mo

12. MAIDEN NAME OF MOTHER

Mary Price

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

Murphy Mo

14. INFORMANT (Address)

Jennie Baker
Fulton Mo

15. FILED

8/8 30 P. E. Barnett
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
16. DATE OF DEATH (MONTH, DAY AND YEAR) July 13 1930
17.

I HEREBY CERTIFY, That I attended deceased from 18th to July 23 1930
that I last saw her alive on July 22 1930, and that death occurred, on the date stated above, at 4:20 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Valvular
Disease of Heart
90A
11 B (duration) yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY)

Influenza (duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

Home

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

no DATE OF

WAS THERE AN AUTOPSY?

no

WHAT TEST CONFIRMED DIAGNOSIS?

7 days Laboratory
Dr. J. D. ... M. D.

(Signed)

, 19 (Address) Fulton 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

DATE OF BURIAL

Funeral Home July 15 1930

20. UNDERTAKER

ADDRESS

John Koch Fulton

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. AUG 20 1930

