

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

Do not use this space.

10417

APR 23 1931

1. PLACE OF DEATH

County Gasper
Township Gasper
City (No.)

Registration District No. 417
Primary Registration District No. 5561D

File No.
Registered No. 23
St. Ward)

2. FULL NAME

Willie M. Goodpaster
(a) Residence. No. Oakland, 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (or the word) widow

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Michael P. Goodpaster

7. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 8, 1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66. 11 3.

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)

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

10. NAME OF FATHER W. M. Buchanan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) no record
12. MAIDEN NAME OF MOTHER Bean
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

14. INFORMANT (Address) Jane ...

15. FILED 3/17/31 R. M. Stormont REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-11-31, 19

I HEREBY CERTIFY, That I attended deceased from 2-27-31 to 3-11-31, 1931 that I last saw him alive on 3-11-31 and that death occurred, on the date stated above, at 1-30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterial Sclerosis
97 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 97 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF 1
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS (Signed) W. H. Bales
3/11/31 (Address) 309 E. ...

*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
W. J. Hope Cem 3/12/31

20. UNDERTAKER ADDRESS
W. J. Hope Cem 3/12/31

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.

