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.

MAY 27 1931

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

Do not use this space.

11188

1. PLACE OF DEATH
County Randolph Registration District No. 735
Township Primary Registration District No. 3044
City Moberly (No. , St. Ward)

File No.
Registered No. 69

2. FULL NAME Omie Goodrich
(a) Residence, No. 603 So 6th 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 Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Major Goodrich
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 13 - 1872
7. AGE YEARS 59 MONTHS 2 DAYS 15 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co Mo

FATHER
13. NAME D.K.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

MOTHER
15. MAIDEN NAME D.K.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

17. INFORMANT (ADDRESS) Omenia Erickson Moberly Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Oakland Cem DATE Mar. 28 1931
19. UNDERTAKER (ADDRESS) Snow-Leaverton Moberly Mo.
20. FILED April 1 1931 Thos. S. Fleming Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 27 1931
22. I HEREBY CERTIFY, That I attended deceased from Mar. 13, 1931, to March 27, 1931
I last saw her alive on March 25, 1931. Death is said to have occurred on the date stated above, at 10:15 P m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Date of onset
Other contributory causes of importance:
Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. A. Longdon, M. D.
(Address) Moberly, Mo.