

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

Do not use this space.  
**17977**

**2118**

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township Can Primary Registration District No. \_\_\_\_\_  
City Kansas City (No. 822 East 24th) St. 3 Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. 3 Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. 822 East 24th St. 3 Ward. (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 <u>Female</u>		4. COLOR OR RACE <u>col</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec 27-1927</u>					
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.	
	<u>3</u>	<u>4</u>	<u>10</u>		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>none</u> (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) <u>Kansas City</u> <u>2</u> <u>Kansas</u>					
PARENTS	10. NAME OF FATHER <u>Fred Goodall</u>				
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas</u>				
	12. MAIDEN NAME OF MOTHER <u>Roseta Bamister</u>				
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas</u>					
14. INFORMANT <u>Fred Goodall</u> (Address) <u>612 S. 2nd St. K.C. Kan</u>					
15. FILED <u>5/9 1931</u> <u>M. W. Croug</u> <u>asst</u> REGISTRAR					

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 7 1931

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, that I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 6-30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
108 John Freeman

CONTRIBUTORY (SECONDARY) 108 (duration) yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS autopsy  
(Signed) [Signature] M. D.  
5/7/31 19 (Address) Depue Kan

\*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 <u>West Lawn</u>	DATE OF BURIAL <u>5-11 1931</u>
20. UNDERTAKER <u>K.C. Emb &amp;asket Co</u>	ADDRESS <u>440 State ave K.C. Kansas</u>

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.

