Powell

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

Do not use this space.
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1. PLACE OF DEATH
39 County Greene — Registration District No. 318
3 Township — Primary Registration District No. 2001
5 City Springfield Mo (No. 1609 E Thoman St. Ward)

File No. 52
Registered No.

2. FULL NAME Lemuel E. Goodman

(a) Residence, No. 1609 E Thoman St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

FEB 24 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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~~ Sadie Goodman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10 1896

7. AGE: YEARS 35 — MONTHS 5 — DAYS 9 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad Clerk 92C
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10632
10. Date deceased last worked at this occupation (month and year) One Year ago
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ash Grove Greene Co Mo

FATHER
13. NAME T. J. Goodman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marionville Christian Co Mo

MOTHER
15. MAIDEN NAME Mattie Meyers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ash Grove Mo

17. INFORMANT (ADDRESS) Sadie Goodman 1609 E Thoman

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sinking Creek DATE Jan 21 1932

19. UNDERTAKER (ADDRESS) F. C. Thieme Springfield Mo

20. FILED 1-26 1932 Lori Sharp Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1931, to Jan 19, 1932
I last saw him alive on Jan 19, 1932 Death is said to have occurred on the date stated above, at 12 50 p.m.
The principal cause of death and related causes of importance were as follows:

Uremia (contributory cause) — Date of onset

Principal cause of death

Other contributory causes of importance:
Endocarditis chronic (Rheumatic)

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

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 (1)
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) G M Powell, M. D.
(Address) Springfield Mo.

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.

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