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.

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

Do not use this space.

1402

1. PLACE OF DEATH

48

County Jackson — Registration District No. 404 — File No.

Township Washington — Primary Registration District No. 5558 — Registered No. 5

City Kansas City, Mo. (No. , 100 W 79th St. Ward)

2. FULL NAME GOODEN, Victor F.

(a) Residence, No. 109 W. 78th St. St., Ward. (If nonresident, give city or town and State)
(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: Male
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 6-1871

7. AGE: YEARS 60 — MONTHS 11 — DAYS ~~20~~ 19 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 09
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter &painter
10. Date deceased last worked at this occupation (month and year) Jan. 25, 1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 1

FATHER

13. NAME: Theodore Gooden
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 16

MOTHER

15. MAIDEN NAME: Elizabeth Gilpin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio 9

17. INFORMANT (ADDRESS): Myrtle P. Gooden, Myrtle P. Gooden

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rich Hill, Mo DATE Jan 27 1932

19. UNDERTAKER (ADDRESS): R. V. Lindsey & Sons, Inc.

20. FILED 1-26 1932 Fred R. Lindsey Sub. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Aortic Regurgitation — Date of onset

92A

92A

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Autopsy 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 1

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Stanley M. Hall, M. D.

(Address) Deputy Coroner