

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

Do not use this space.

1546

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.

51
26
7
1924
25

1. PLACE OF DEATH

County Johnson. Registration District No. 431
Township Warrensburg. Primary Registration District No. 3073
City Warrensburg. (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

James L. Goodwin.

(a) Residence, No. 208 W. North St. 1 Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10, 1836

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
95	9	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Ranchman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

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) Morgan Co. Mo. 1

13. NAME James B. Goodwin.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England. 80

15. MAIDEN NAME Mildred Powell.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn. 2

17. INFORMANT Mrs. J. E. Bridges.
(ADDRESS) Independence. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Missoula. Mont DATE Jan. 6 1932

19. UNDERTAKER R. O. Phillips.
(ADDRESS) Warrensburg. Mo.

20. FILED Jan 4 1932 W. R. Atkinson
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1932 to Jan 3 1932
I last saw him alive on Jan 2 1932 Death is said to have occurred on the date stated above, at 4:45 A. M.

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

Myocardial Regurgitation Date of onset _____
92A
162
92A
Other contributory causes of importance: Senility

Name of operation none Date of _____
What test confirmed diagnosis? none 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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) John A. [unclear] M. D.
(Address) [unclear]

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0.5

0.5

0.5

0.5