

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.

NOV 22 1932

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

Do not use this space.

4246

1. PLACE OF DEATH
 35 County Franklin Registration District No. 288
 Township Independence Primary Registration District No. 3706
 City (No. _____) St. _____ Ward _____

2. FULL NAME John Goodman
 (a) Residence, No. County Farm, 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1866

7. AGE YEARS	8. MONTHS	9. DAYS	10. If LESS than 1 day, hrs. or min.
<u>66</u>	<u>9</u>	<u>4</u>	<u>10</u>

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237

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) Mo _____

FATHER

13. NAME Doat Know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doat Know 31

MOTHER

15. MAIDEN NAME Doat Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doat Know

17. INFORMANT (ADDRESS) Phyllis L. Davis
County Farm, Kennett Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE County Cem. DATE Feb 21 1932
Buried in County

19. UNDERTAKER (ADDRESS) Phyllis L. Davis

20. FILED 2/27 1932 Phyllis Davis
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20th 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 18th 1932 to Feb 20th 1932
 I last saw him alive on Feb 20th 1932. Death is said to have occurred on the date stated above, at 5:00 p.m.
 The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia
10711 / 10711
 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) Phyllis Davis, M. D.
 (Address) Kennett Mo

