

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

Do not use this space.

4715

1. PLACE OF DEATH

County Jackson Registration District No. 30
Township Kaw Primary Registration District No. 300
City Kansas City (No. 2817 Charlotte st.)

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Miss Pearl Anna Goodwin

(a) Residence, No. 2817 Charlotte st. St. 3 Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 mos. 0 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 17, 1870</u>		
7. AGE YEARS <u>61</u>	MONTHS <u>4</u>	DAYS <u>23</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____ <u>at home</u>
	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) Maine

13. NAME Adam C. Goodwin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maine

15. MAIDEN NAME Mary Chick Winn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maine

17. INFORMANT Mrs. L.T. Hollis
(ADDRESS) 2817 Charlotte st.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE Feb. 17 1932

19. UNDERTAKER Freeman Mortuary & Chapel
(ADDRESS) 104 W. 42nd St. E. C. Mo

20. FILED 2/12 1932 3th. M. Crow
Regist.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-10-32 1932
22. I HEREBY CERTIFY, That I attended deceased from 2/10 1932, to 2/10 1932
I last saw him alive on 2/10 1932. Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:

Acute Indigestion following eating of a heavy dinner
Date of onset 2/10/32

Other contributory causes of importance:
Obstruction of bowels
Acute Pericarditis

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? 0 Date of injury _____, 1932
Where did injury occur? 0
(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) L. T. Hollis M. D.
(Address) 2817 Charlotte St. Kansas City, Mo

WRITE FULLY, 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.

Dr. Askin's note
says when it comes here
about 9 a.m.