

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

Do not use this space.

7495

**1. PLACE OF DEATH**

County Ruchanan, Registration District No. 85  
Township \_\_\_\_\_ Primary Registration District No. 1001  
City St. Joseph, (No. 1217 Felix) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 296  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mary Goodman Fife,

(a) Residence, No. 1217 Felix St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 Thomas Fife,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 25, 1850,

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
81 6 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home,  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired,  
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) Liverpool, England, 8

13. NAME John Goodman,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, England,

15. MAIDEN NAME Unknown,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, England,

17. INFORMANT (*Address*) Mrs. J. H. Barr 1217 Felix Street,

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Mora Cem. DATE March 28, 1932

19. UNDERTAKER (*Address*) Heaton & Bogle 319 S. 10th. St. Funeral Home

20. FILED MAR 28 1932 John R. Bender Registrar.

**4 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mary Goodman, 1932 to death, 1932.  
I last saw her alive several months ago, 1932. Death is said to have occurred on the date stated above, at 12:00 pm. midnight.  
The principal cause of death and related causes of importance were as follows:

Myocarditis with anterior sclerosis Date of onset 9 mos ago  
9:30  
9:30  
9:30 9:30

Other contributory causes of importance:  
Heart suddenly only about 20 minutes before death. Heart attack in middle of night. Heart when I arrived

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 \_\_\_\_\_, 1932  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. X  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) Warren Horton, M. D.  
(Address) St. Joseph 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.

APR 25 1932

