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.

JUN 22 1932

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

Do not use this space

16005

1. PLACE OF DEATH
48 County Jackson — Registration District No. 398 — File No.
3 Township Blue — Primary Registration District No. 3019 — Registered No. 171
8 City Independence, Mo. (Ward), 208½ W. Lex St.

2. FULL NAME Sarah Goodwin Faler

(a) Residence, No. 208½ W. Lex 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: 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: Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April-11-1847

7. AGE: YEARS 85 — MONTHS 1 — DAYS 1 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
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): Indiana 2

FATHER
13. NAME: Josiah Goodwin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown 31

MOTHER
15. MAIDEN NAME: Matilda Vandereuber
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Mrs Alex McIntosh 208½ W. Lexington

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mound Grove DATE May-15-1932

19. UNDERTAKER (ADDRESS): Carson Funeral Home Independence, Mo

20. FILED May 13, 1932 F. K. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May-12-1932

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1932, to May 12, 1932
I last saw her alive on May 11, 1932. Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis	?
127	
1 2	

Other contributory causes of importance:

Bronchopneumonia	May 9, 1932

Name of operation none Date of
What test confirmed diagnosis? — 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) Chas. F. Gratske, M. D.
(Address) Independence, Mo