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.

JUL 27 1932

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21607

1. PLACE OF DEATH
97 County Salem — Registration District No. 796 — File No.
5 Township — Primary Registration District No. 3038 — Registered No.
7 City Marshall (No. ..... St. ..... Ward)

2. FULL NAME Mrs Marie Webb Goodwin

(a) Residence. No. ..... 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: Wh.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John G. Goodwin

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 6-1859

7. AGE: Years 72 | Months 7 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House keeper
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer: ✓

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Wm C. Webb
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Va.
12. MAIDEN NAME OF MOTHER: Martha H. Jones
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Va.

14. INFORMANT: Webb Goodwin
(Address): Alma, Mo.

15. FILED 7-1, 1932. A. C. Putnam, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 29 1932

17. I HEREBY CERTIFY that I ~~attended deceased from~~ held inquest June 29, 1932 to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at about 7 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Drinking chloroform with suicidal intent.
1638 ✓ (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ✓
163 ✓ (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓ (1)
DID AN OPERATION PRECEDE DEATH? no DATE OF ✓
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? ✓

(Signed) B. C. Bradshaw, M. D.
6 29, 1932 (Address) Annapolis, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Ridge Park Cem. — DATE OF BURIAL: June 30 1932

20. UNDERTAKER: R. W. Campbell — ADDRESS: Marshall