

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

Do not use this space.

23002

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Taw Primary Registration District No. _____
 City Kansas City (No. General Hosp # 2) St. _____ Ward _____

2. FULL NAME

Joe Goodwin
 (a) Residence, No. 1012 Lydia St., 2 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 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) 4-10-1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 | 3 | 15 -

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

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) Orla 2

MOTHER 13. NAME William Goodwin

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

15. MAIDEN NAME Babe

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

17. INFORMANT Record Clerk Gen Hosp # 2
 (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Cem DATE 7-28-1932

19. UNDERTAKER W. B. Moore
 (ADDRESS) 1820 E 18th St

20. FILED 7/26 1932 M. M. Crowl
cash Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1932

22. I HEREBY CERTIFY that I attended deceased from July 21, 1932 to July 25, 1932
 I last saw him alive on July 25, 1932 Death is said to have occurred on the date stated above, at 11:45 a. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary TB Date of onset _____
693

Other contributory causes of importance: Dysentery Q

Name of operation None Date of _____

What test confirmed diagnosis? CPX 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? _____
 If so, specify _____

(Signed) D. M. Miller, M. D.
 (Address) Gen Hosp # 2

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

