

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

Do not use this space.

40828

25

1. PLACE OF DEATH

County **NEW MADRID**

Registration District No. **607**

Township **PORTAGE**

Primary Registration District No. **5806**

City (No.) St. Ward)

2. FULL NAME

Anna Goodwin

Formerly of Benton, Mo.

(a) Residence, No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. **3** 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) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Jess Goodwin**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan., 18th, 1879**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
Pass 53 10 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **25**
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) **Kentucky**

13. NAME **a Mr. Dupins**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

15. MAIDEN NAME **Don't know When married she was Anna Jones**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Don't know 21**

17. INFORMANT (ADDRESS) **Mrs. J.O. Renard Jess Goodwin Tallapoosa, Mo.**

18. BURIAL, CREMATION, OR REMOVAL **County Park of New Madrid, Mo. Dec., 10th, 1932**

19. UNDERTAKER (ADDRESS) **None, J.B. Pennington**

20. FILED **12/10 1932** **Oh Cook** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec., 8th, 1932**

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at..... m.

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

A Doctor Hall of Benton, Missouri, being the county health physician of Scott County, Missouri, said she had cancer of the womb and Mrs. Renard informs me that is what she had. They had no doctor here.

Other contributory causes of importance:

48 Cancer of the Womb

Name of operation **none** Date of

What test confirmed diagnosis? **48** Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: accident, suicide, or homicide? **none** 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 **7**

Nature of injury **none**

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **Oh Cook Local Regis. M.D.**

(Address) **Portageville, Mo.**

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.

JAN 9 1933

