

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

Do not use this space.

**1. PLACE OF DEATH**

County Audrain Registration District No. 23 File No. 75  
 Township Loutre Primary Registration District No. 4017 Registered No. \_\_\_\_\_  
 City Benton City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Miss. Lena Goddard

(a) Residence, No. Benton City MO 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS.**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 5 - 1865</u>		
7. AGE	YEARS	MONTHS
<u>67</u>	<u>11</u>	<u>18</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>		11. Total time (years) spent in this occupation.
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Audrain County, Mo</u>		
FATHER	13. NAME <u>L. W. Goddard</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>	
MOTHER	15. MAIDEN NAME <u>Barbara Heyler</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT (ADDRESS) <u>Lena Goddard Benton City, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Elmwood, Mexico</u> DATE <u>Jan 25, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>H. A. Bricht &amp; Son Mexico, Mo.</u>		
20. FILED <u>Jan 25, 1933</u> <u>J. J. Johnson</u> Registrar.		

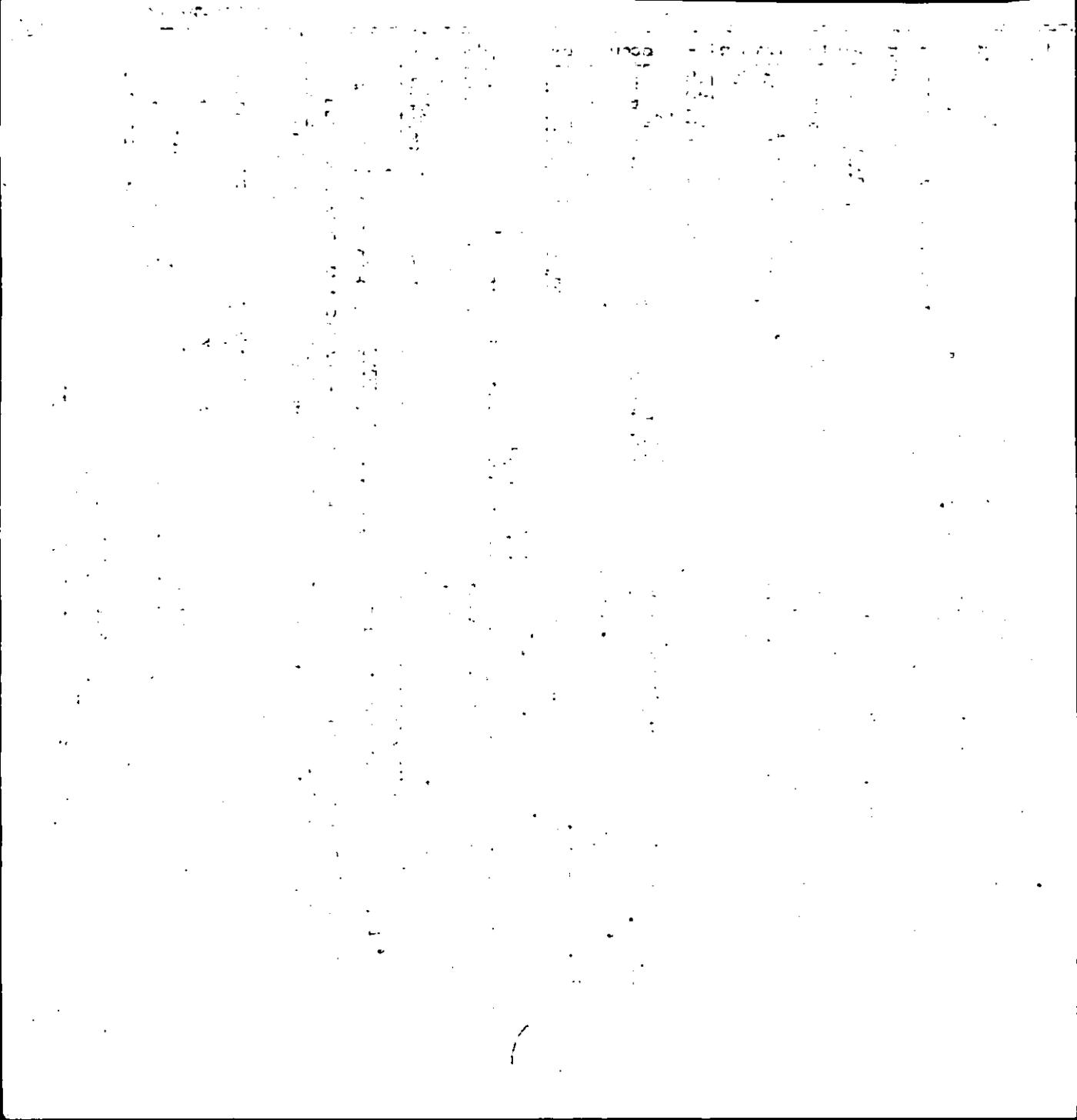
**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan, 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 1:32 P. m.  
 The principal cause of death and related causes of importance were as follows:

Coroners Case,  
Accidentally struck by east bound Wabash Passenger train No. 2 at Benton City Mo, First crossing east of Denot. killed.  
 Other contributory causes of importance: instantly

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 \_\_\_\_\_, 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) W. K. McCall Coroner, M.D.  
 (Address) Ladonia Mo.



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Andrew Registration District No. 23  
 Township Butter City Primary Registration District No. 17  
 City Butter City (No.     ) St.      Ward     

File No.       
 Registered No.     

**2. FULL NAME**

(a) Residence, No.      St.      Ward       
 (Usual place of abode) Butter City (If nonresident, give city or town and State)  
 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 5, 1865

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

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 1/25 1933 J. B. Johnson Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from     , to     , 19    

I last saw him      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:

asthma's case  
Accidentally struck by east bound Wash. Passeng. train at Butter City, Mo. First crossing east of Depot killed instantly.  
 Other contributory causes of importance: Victim was walking.

Date of onset     

Name of operation      Date of       
 What test confirmed diagnosis?      Was there an autopsy? 23

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)     , M. D.  
 (Address)     

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SL-S