

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

Do not use this space.

651

1. PLACE OF DEATH

County Clark Registration District No. 194
Township Wyaconda Primary Registration District No. 4117
City Wyaconda (No.) St. Ward)

File No.
Registered No. 3

2. FULL NAME Willis Joseph Goodrich

(a) Residence, No. Wyaconda, 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 Male 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 Anna Goodrich

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16, 1853

| | | | | | |
|--------|-----------|----------|-----------|------------------------|------------------------|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, or | IF LESS than 1 day, or |
| | <u>80</u> | <u>0</u> | <u>14</u> | hrs. | min. |

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

FATHER 13. NAME A. B. Goodrich

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

MOTHER 15. MAIDEN NAME Almira Evans

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

17. INFORMANT Mrs Lewis Melvin
(ADDRESS) Wyaconda, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bloomington DATE Jan 21 1933
County

19. UNDERTAKER Garth Baskett
(ADDRESS) Wyaconda, Mo

20. FILED 1-30 1933 Bessie Plattner
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-30 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-30 1927 to 1-30 1933

I last saw him alive on 1-27 1933 Death is said to have occurred on the date stated above, at 12:45 m.

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

Myocarditis
ascites
Obstruction of Liver
1927
1927
1927
Other contributory causes of importance: 1924

| Date of onset |
|---------------|
| <u>1927</u> |
| <u>1927</u> |
| <u>1927</u> |

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 A. L. Davis M. D.
(Signed) Wyaconda, Mo
(Address) Wyaconda, 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.

824 1933

