

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

Do not use this space.

20 6335

1. PLACE OF DEATH  
 55 County Lawrence Registration District No. 470 File No. 20 6335  
 Township Mt. Vernon Primary Registration District No. 5633 Registered No. \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Wm Felix Goodin  
 (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 60 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 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 Lenna Goodin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 1 - 1866

7. AGE - YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>66</u>	<u>9</u>	<u>9</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Mt Vernon Mo.  
 (STATE OR COUNTRY) Lawrence Co.

10. NAME OF FATHER John A. Goodin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lenna  
 (STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Nora Hammer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo. Lawrence Co.  
 (STATE OR COUNTRY) \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 10 1933

17. I HEREBY CERTIFY That I attended deceased from Feb 10 1933 to Feb 10 1933 that I last saw him alive on Feb 10 1933, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Influenza

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 10 da.

CONTRIBUTORY (SECONDARY) Valover six or 7 years  
Chronic (duration) 5 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) W. D. Fulton, M. D.  
 , 19 \_\_\_\_\_ (Address) Mt Vernon 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.

14. INFORMANT W. Goodin  
 (Address) Mt Vernon Mo.

15. 3/10 33 W. D. Fulton  
 PREP. 19 \_\_\_\_\_ REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Summit Cemetery DATE OF BURIAL 2/12 1933

20. UNDERTAKER Phillips & Fossett ADDRESS Mt Vernon 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.

