

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

Do not use this space.

1. PLACE OF DEATH
 10th County Shelby Registration District No. 831
 Township North River Primary Registration District No. 6093
 City Emden (No. _____) St. _____ Ward _____

2. FULL NAME William Augustus Goodwin
 (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 23 yrs. mos. 4 ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

22058

File No. _____
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 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 26 1850

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>23</u>	<u>23</u>	<u>4</u>	<u>24</u>

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

FATHER

13. NAME Henry Goodwin

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

MOTHER

15. MAIDEN NAME Mary Duran

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

17. INFORMANT Guitta Goodwin
 (ADDRESS) Emden, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Home Cemetery DATE June 21, 1933

19. UNDERTAKER B. W. Bell
 (ADDRESS) Philadelphia, Mo.

20. FILED June 21, 1933 Emden, Mo.
Howerton
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-21, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1933 to June 20, 1933
 I last saw the alive on June 20, 1933 Death is said to have occurred on the date stated above, at 12:45 A.M.
 The principal cause of death and related causes of importance were as follows:
Myocarditis
 Date of onset _____

Other contributory causes of importance:
fell from 12' scaffold
ruptured aorta & fractured humerus

Name of operation no Date of _____
 What test confirmed diagnosis? autopsy Was there an autopsy? yes

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? no
 If so, specify _____
 (Signed) W. H. Hays, M. D.
 (Address) Shelbyville, 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.

WHITE-YELLOW WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUL 23 1933

12
23
43

