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

Do not use this space.

23113

File No. 2816

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 899

Township Kan — Primary Registration District No. 2003

City K.C. Mo., (No. Gen'l Hosp # 2 St. Ward)

2. FULL NAME Dock Goode

(a) Residence, No. 905 Garfield St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	negro	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 14. 1883

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
49	7	22	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. John Climer

10. Date deceased last worked at this occupation (month and year) 1932 — 11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gillam, Mo.,

FATHER

13. NAME Randall Goode

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER

15. MAIDEN NAME Caroline Logan

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

17. INFORMANT (ADDRESS) Lucilda Johnson 905 Garfield

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland K.C. Mo. DATE 7-8-33, 19

19. UNDERTAKER (ADDRESS) Flynn + Greenstreet K.C. Mo.,

20. FILED July 7, 1933 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/6/33, 19

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19 [illegible], 19

I last saw him alive on [illegible], 19 Death is said to have occurred on the date stated above, at 11 m.

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

Fracture of skull

Extradural hemorrhage

Other contributory causes of importance:

Date of onset

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 6/25/33

Where did injury occur 1323 Mary Ave Kansas (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Struck from head with axe

Nature of injury Fracture of skull

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

If so, specify

(Signed) [illegible] DEP-COR

(Address) [illegible]

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.