

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

Do not use this space.

**26345**

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township Haw Primary Registration District No. 1008  
City Kansas City (No. St. Joseph Hospital) St.          Ward         

File No. 3467  
Registered No.         

**2. FULL NAME**

Harriet Goodman  
(a) Residence, No. 1405 St. Louis St.          Ward           
(Usual place of abode)

Length of residence in city or town where death occurred 40 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 Anna Goodman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS 74 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) Russian

13. NAME Samuel Goodman

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

15. MAIDEN NAME Not known

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

17. INFORMANT M. Goodman (ADDRESS) 1405 St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Sheffield DATE Sept 1, 1933

19. UNDERTAKER J. P. Loring, Jr., Home (ADDRESS) 3708 Broadway

20. FILED 9-11-33 M. M. Crowe Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6:00 P.M. to         , 1933

I last saw h.          alive on         , 1933. Death is said to have occurred on the date stated above, at 6:40 P.M.

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

Bronchial Pneumonia Date of onset         

Other contributory causes of importance: Septicemia Fracture

Name of operation None Date of         

What test confirmed diagnosis?          Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Sept 21, 1933

Where did injury occur? Kansas City, Mo. (Specify city or town, county, and State)

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

Manner of injury falling from metal machine

Nature of injury Fracture of S. ankle

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify         

(Signed) J. M. Miers M. D.

(Address) Kansas City, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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