Do not use this space. 29445

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

1. PLACE OF DEATH
County Henry — Registration District No. 341 — File No.
Township Bogard — Primary Registration District No. 3445 — Registered No.
City (No. St. Ward)

2. FULL NAME William H 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 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: Don't Know

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 6 1844

7. AGE: Years 88, Months 10, Days 13. If LESS than 1 day, ...hrs. or ...min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boone Co. Mo

PARENTS
10. NAME OF FATHER: Not Known
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): X
12. MAIDEN NAME OF MOTHER: Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): X

14. INFORMANT: John Page
(Address): Urich Mo

15. FILED ......, 19.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sep 19 1933

17. I HEREBY CERTIFY, That I attended deceased from Sep 16, 1933, to Sep 18, 1933, that I last saw him alive on Sep 18, 1933 and that death occurred, on the date stated above, at 10 P.m.

THE CAUSE OF DEATH* was as follows:
Cerebral Apoplexy
82A
(duration) 6 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

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) E M Griffith, M.D.
, 19 (Address) Creighton 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Grant — DATE OF BURIAL: Sep 20 1933

20. UNDERTAKER: Hobert Arnold — ADDRESS: Creighton 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.

NOV 10 1933