

WRITE 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.

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

Do not use this space.

36903

1. PLACE OF DEATH  
 County Jasper Registration District No. 411  
 Township Galena Primary Registration District No. 2002  
 City Joplin, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Mrs. Grace H. Goddard  
 (a) Residence, No. 1015 West 7th 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 6. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Walter H. Goddard  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 21 - 1898  
 7. AGE YEARS 55 MONTHS — DAYS 2 If LESS than 1 day, hrs. min.  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. As wife  
 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) Nov. 21, 1933 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry, Mo.  
 13. NAME Wm. W. Jones  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elmira, N.Y.  
 15. MAIDEN NAME Loise L. Johnson  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Port of Spain, Pa.  
 17. INFORMANT Miss Maude E. Jones  
 (ADDRESS) 1015 West 7th St.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope DATE Nov. 23, 1933  
 19. UNDERTAKER (ADDRESS) The Frank Pierce Co. Joplin, Mo.  
 20. FILED 11-23, 1933 Registrar Bo James

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 23, 1933  
 22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1933 to Nov 23, 1933  
 Last saw him alive on Nov 23, 1933 Death is said to have occurred on the date stated above, at 5:20 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Coronary Embolus  
945  
115 B  
 Other contributory causes of importance:  
Severe infection of mandibular teeth, 2nd right  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? NO  
 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) W. J. Hogan, M. D.  
 (Address) Carroll

Date of onset  
Nov 14

