

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.

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Center Primary Registration District No. 602
 City K. C. Mo. (No. 7700 East 17th St.) St. 920 (Ward)

5200

2. FULL NAME

Thomas Clark Goddard

(a) Residence, No. 7700 E 17th St. Ward. (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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-26-1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>64</u>	<u>1</u>	<u>29</u>	

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

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) Jenn Tenn

13. NAME T. H. Goddard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenn Tenn

15. MAIDEN NAME Amanda Webb

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenn Tenn

17. INFORMANT M. H. Goddard (ADDRESS) 1719 Cornington, K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Wash DATE 2/27-34

19. UNDERTAKER Mrs. C. L. Fortin (ADDRESS) 918 Broadway, K. C.

20. FILED 2-26-34 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-25-1934

22. I HEREBY CERTIFY, That I attended deceased from 2-20-34, 1934, to 2-25-34, 1934.

I last saw h. alive on 2-20-34, 1934. Death is said

to have occurred on the date stated above, at 7:20 pm.

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

Lobar Pneumonia Date of onset 2-20-34

Other contributory causes of importance hypertension

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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 no, specify (Signed) R. L. St. Clair, M. D.

(Address) 5-24-2 St. Louis

CH 36-128

5242 St John

Bent 0141

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