

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.

MAR 24 1934

5692

1. PLACE OF DEATH

County Marion
Township Jackson
City Belle (No. _____)

Registration District No. 541
Primary Registration District No. 4321

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME William P. Goodman

(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1858-7-13 day

7. AGE YEARS MONTHS DAYS If LESS than day, hrs. or min.
75 6 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Filling Station
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) Osage Co. Mo

13. NAME Thomas Goodman

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

15. MAIDEN NAME Melinda Keeney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage Co. Mo

17. INFORMANT (ADDRESS) W. P. Goodman Belle, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Cem DATE Feb 5 1934

19. UNDERTAKER (ADDRESS) W. L. Lickert Belle, Mo

20. FILED Mar 10 1934 W. S. Lenoir Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4, 1934

22. I HEREBY CERTIFY that I attended deceased from Aug. 30 1933, to Feb 4 1934. I last saw him alive on Feb. 4 1934. Death is said to have occurred on the date stated above, at 6 a. m.

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

Carcinoma of the Intestine
H.C.
46

Date of onset about 8-1-1933

Other contributory causes of importance: _____

Name of operation None Date of _____
What test confirmed diagnosis? Symptoms 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? No
If so, specify _____
(Signed) W. R. Yerrill M. D.
(Address) Belle Mo

