

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

Do not use this space.

9503

1. PLACE OF DEATH
 54 County Lafayette Registration District No. 461
 6 Township Washington Primary Registration District No. 3024
 4 City Washington (No.) St. Ward)
 2. FULL NAME Robert Leonard Goodloe
 (a) Residence, No. Robert Leonard Goodloe 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.

File No. 30
 Registered No.

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 Pearl M. Murray Goodloe
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15/1886
 7. AGE YEARS 47 MONTHS 10 DAYS 12 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Miner
 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) Lafayette Mo
 FATHER 13. NAME Cosby Goodloe
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lafayette Mo
 MOTHER 15. MAIDEN NAME Hannie H. Mitchell
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lafayette Mo
 17. INFORMANT (ADDRESS) Mrs Pearl Goodloe
 18. BURIAL, CREMATION, OR REMOVAL PLACE Lexington Mo DATE Mar 25 1934
 19. UNDERTAKER (ADDRESS) Wm. H. Batis
 20. FILED Mar 23 1934 Wm. H. Batis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 23 1934
 22. I HEREBY CERTIFY, That I attended deceased from Mar 10 1934 to Mar 23 1934
 I last saw him alive on March 17 1934. Death is said to have occurred on the date stated above, at 5:15 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Emphysema
 Other contributory causes of importance None
 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 so, specify
 (Signed) Wm. H. Batis, M. D.
 (Address) Lexington 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.

