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.

JUN 22 1934

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

Do not use this space.

17139

1. PLACE OF DEATH
County Jasper — Registration District No. 411 — File No.
Township ~~[illegible]~~ — Primary Registration District No. 2002 — Registered No.
City Joplin (No. , St. Ward)

2. FULL NAME Martha Good
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elihu J Good
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26 1857
7. AGE YEARS 76 MONTHS 11 DAYS 10 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Iowa

FATHER
13. NAME Solomon Tucker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Edna Finley Joplin
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Forest Park DATE 5/7 1934
19. UNDERTAKER (ADDRESS) Anderson Hud. Co. Joplin, Mo.
20. FILED 5-7 1934 Ed D. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5, 1934
22. I HEREBY CERTIFY, That I attended deceased from April 28, 1934, to ~~April~~ May 5, 1934
I last saw her alive on May 5, 1934. Death is said to have occurred on the date stated above, at 8 15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
8219	
Cerebral Hemorrhage	

Other contributory causes of importance:

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) Roy C. Myers, M. D.
(Address) Joplin, Mo