

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

Do not use this space.

SEP 24 1934

1. PLACE OF DEATH

County Dumfries
 Township Saline
 City (No. _____) _____

Registration District No. 290
 Primary Registration District No. 5408

File No. 20023-10
 Registered No. 54
 St. _____ Ward _____

2. FULL NAME

Elton Leon Goodrich

(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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29 1933

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
11 6

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

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) Smith, Mo.

13. NAME Mellie Goodrich

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

15. MAIDEN NAME Ruby Rammor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Smith, Mo.

17. INFORMANT (ADDRESS) Mellie Goodrich Smith, Mo.

18. BURIAL, CREMATION, OR REMOVAL Interred

PLACE 29 DATE June 29 1934

19. UNDERTAKER (ADDRESS) Mrs. Annie M. ... Smith, Mo.

20. FILED R-13 19 74 H. H. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29 1934

22. I HEREBY CERTIFY that I attended deceased from June 28 1934 to June 29 1934.
 I first saw him alive on June 28 1934. Death is said to have occurred on the date stated above, at 4:10 m.
 The principal cause of death and related causes of importance were as follows:

Illio Billitis
1/19
Superior Road

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) H. H. ..., M. D.

(Address) Smith, 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.

Mellie Goodrich

