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

*Don't sign*  
Do not use this space.

21401

1. PLACE OF DEATH  
 County Pemiscot Registration District No. 653  
 Township Braggrodia Primary Registration District No. 5871  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Terry A. Goodrich  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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. 37  
 Registered No. 37

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-1-1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
1

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) Braggrodia Mo

13. NAME Robert Goodrich

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blytheville Ark

15. MAIDEN NAME Esther Ellis Eaton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blytheville Ark

17. INFORMANT (ADDRESS) Robert Goodrich State mo R. 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Culp Cem DATE 6-2 1934

19. UNDERTAKER (ADDRESS) Bergman mort State mo

20. FILED W Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-6 1934

22. HEREBY CERTIFY, That I attended deceased from June 1 1934 to June 1 1934  
 I last saw him alive on June 1 1934 Death is said to have occurred on the date stated above, at 11.00 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Pulmonary  
Atale clasis  
161A  
 Other contributory causes of importance: \_\_\_\_\_  
161A

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? \_\_\_\_\_, specify \_\_\_\_\_  
 (Signed) Asenb. Speers, M. D.  
 (Address) Deering Mo.

WRITE CAREFULLY, 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.

AUG 15 1934

Handwritten notes, possibly including the word "Society" and other illegible characters.

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