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.

AUG 14 1934

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan, Registration District No. 85 File No. 23361
Township Primary Registration District No. 1001 Registered No. 868
City St. Joseph, (No. 409 1/2 Edmond St. Ward)

2. FULL NAME Wesley A. Good,
(a) Residence, No. 409 1/2 Edmond St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 48 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 Elizabeth A. Good,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 4, 1865
7. AGE: YEARS 68 MONTHS 11 DAYS 19 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dental,
10. Date deceased last worked at this occupation (month and year) July 1934.
11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manchester, Pennsylvania

FATHER
13. NAME Emanuel Good
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Pennsylvania,

MOTHER
15. MAIDEN NAME Sarah Bear,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Pennsylvania,

17. INFORMANT (ADDRESS) Mrs. W. A. Good 409 1/2 Edmond Street,
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Auburn Cem. DATE July 25th 1934
19. UNDERTAKER (ADDRESS) Weaton Br Gole & Bowman 319 So. 10th. St. Funeral Hom.
20. FILED AUG 25 1934 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1934
22. I HEREBY CERTIFY, That I attended deceased from July 21, 1934 to July 23, 1933
I last saw him alive on July 23, 1934. Death is said to have occurred on the date stated above, at 9:50 pm.
The principal cause of death and related causes of importance were as follows:
Heat exhaustion
93 C
191
191

Date of onset

Other contributory causes of importance: Myocardial Degeneration

Name of operation None Date of
What test confirmed diagnosis? Clinical 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) S. B. Senor, M. D.
(Address) St. Joseph, Mo.

100M-11-24-33