

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 Madaway
Township
City Chico (No. _____ St. _____ Ward _____)

Registration District No. 4-8-71
Primary Registration District No. CBF1

File No. 25733
Registered No. _____

2. FULL NAME

James P. Goodwin

(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 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 Maude Hotittler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 10 1905

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>28</u>	<u>7</u>	<u>16</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Clearmont
(STATE OR COUNTRY) Mo

13. NAME James Goodwin

14. BIRTHPLACE (CITY OR TOWN) Ill.
(STATE OR COUNTRY)

15. MAIDEN NAME Jessie Tucker

16. BIRTHPLACE (CITY OR TOWN) Chico Mo
(STATE OR COUNTRY)

17. INFORMANT Paul Carpenter
(ADDRESS) Chico Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lamar cem DATE July 26 1934

19. UNDERTAKER Chico Funeral Home
(ADDRESS) Marysville Mo

20. FILED July 28 1934 Clair D. Harn
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26 1934

22. I HEREBY CERTIFY That I attended deceased from July 24 1934 to July 26 1934
I last saw him alive on July 24 1934 Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

Acute Alcoholism
Atherosclerosis
Alcoholic Paralysis

Other contributory causes of importance:
5A 75A
5B 75B

Name of operation None Date of _____
What test confirmed diagnosis? Stomach (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) R. E. Guzman, M. D.
(Address) Chico Mo

Date of onset
2002
1934

