

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

Do not use this space.

1. PLACE OF DEATH

County Vernon
 Township Metz
 City Metz No. _____

Registration District No. 871
 Primary Registration District No. 618-4

File No. 28038
 Registered No. 8

2. FULL NAME

James Franklin Goodman
 (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.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|------------------------------|--|
| 3. SEX <u>M</u> | 4. COLOR OR RACE <u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____ |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____ | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July-12 1934</u> | | |
| 7. AGE YEARS | MONTHS | DAYS |
| | | IF LESS than 1 day, _____ hrs. or _____ min. |
| | | <u>4 hours</u> |

| | |
|------------|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u> |
| | 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) Vernon Co. Missouri

MOTHER FATHER 13. NAME Grover Goodman

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

MOTHER 15. MAIDEN NAME Anna Scott

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Grover Goodman Rich Hill Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE River Cemetery DATE July-13-1934

19. UNDERTAKER (ADDRESS) Pond & Beasley Rich Hill Mo.

20. FILED 7/20 1934 C. F. Meuser M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-13 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-12 1934 to 7-12 1934

I last saw him alive on 7-12 1934. Death is said to have occurred on the date stated above, at 2 A. m. 7-13-34

The principal cause of death and related causes of importance were as follows:
Premature 5 months
159
 Other contributory causes of importance: None

Date of onset _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____

(Signed) P. G. H. Vanderdyck M. D.

(Address) Metz Mo

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

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

