JUN 1 8 1935

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

Do not use this space.

15665

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 554
City St.Joseph, (No. 623 South 8th Street St. Ward)

2. FULL NAME Lewis Goodwin
(a) Residence, No. 623 South 8th Street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 10 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: Pearl Goodwin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan.4.1875.

7. AGE: YEARS 60 — MONTHS 4 — DAYS 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter
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): 1930
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lathrop, Missouri.

FATHER
13. NAME: Tobias Goodwin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ireland

MOTHER
15. MAIDEN NAME: Cordelia Breckenridge
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Kentucky

17. INFORMANT (ADDRESS): Alice Young 1220 North 2nd Street

18. BURIAL, CREMATION, OR REMOVAL: City Cemetery
PLACE St.Joseph,Mo. DATE May.21 1935

19. UNDERTAKER (ADDRESS): H.O.Sidenfaden 1802 Union Street St.Joseph,Mo.

20. FILED 5-20- 1935 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May.19th 1935
Viewed On

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1935, to ....., 19....
I last saw h..... alive on May.19th, 1935. Death is said to have occurred on the date stated above, at 1A m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset

8221

Other contributory causes of importance:

Arterio Sclerosis

Name of operation none Date of
What test confirmed diagnosis? Clin Hist 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) Tomm Thomas, M. D.
(Address) 731 Faeron

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.

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