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.

SEP 19 1935

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

Do not use this space.

25911

1. PLACE OF DEATH
County: Clay
Township: Ft Rosa
City: Ex. Springs Mo (No. ..... St. ..... Ward)
Registration District No. 198
Primary Registration District No. 3011
File No. .....
Registered No. .....

2. FULL NAME: John V. Goodbar
(a) Residence, No. 517 Park St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 18 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: Rosa Goodbar
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 24-1860
7. AGE: YEARS 75 MONTHS 4 DAYS 94 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired farm
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): 1917
11. Total time (years) spent in this occupation: all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Davies Co Mo

FATHER
13. NAME: Joseph Goodbar
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER
15. MAIDEN NAME: Jennett Drummond
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): R. J. Goodbar Excelsior Springs Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Brown Hill DATE: Aug 5th 1935
19. UNDERTAKER (ADDRESS): Herbert Hope Ex. Springs Mo
20. FILED 8-3- 1935 Mrs Rea McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-3- 1935
22. I HEREBY CERTIFY, That I attended deceased from Jany 1925 to Aug. 3 1935
I last saw him alive on March 26 1935. Death is said to have occurred on the date stated above, at 7:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac trouble Mitral Lesion	Do not know
Other contributory causes of importance:	
Chronic Bronchitis	Do not know
General Debility	1925

Name of operation: ✓ Date of: ✓
What test confirmed diagnosis? Clinical Gen was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) H J Clark, M. D.
(Address) Excelsior Springs

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