

SEP 25 1925

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

Do not use this space.

26533

1. PLACE OF DEATH

County Jackson Registration District No. 1002
Township Jean Primary Registration District No. 1002
City Kennett (No. K.C. Gen. Hosp) St. Ward

File No. _____
Registered No. 2292
St. _____ Ward _____

2. FULL NAME Wesley Goodman

(a) Residence, No. 4448 Kensington Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Bessie Goodman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-28-1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 7 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nurse
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) St. Joseph Mo

13. NAME John Goodman

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

15. MAIDEN NAME Polly Graham

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

17. INFORMANT (ADDRESS) Beulah Clark K.C. Gen. Hosp Kennett Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hill DATE Aug 21 1925

19. UNDERTAKER (ADDRESS) Cooper Henderson 15 S Jackson

20. FILED 8-20 1925 M. M. Crowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-19 1925

22. I HEREBY CERTIFY, That I attended deceased from 8-3 1925 to 8-19 1925

I last saw him alive on 8-19 1925. Death is said to have occurred on the date stated above, at 6:45 a.m.

The principal cause of death and related causes of importance were as follows:

Right cardiac hyper-trophy & dilatation glomerular nephritis chronic.
Date of onset _____

Other contributory causes of importance: Pulmonary emphysema; pleural adhesions

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1925

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) J. J. Bennett, M. D.
(Address) K.C. Gen. Hosp

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.

