

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.

78: East
 76 11 NOV 2 1935

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

Do not use this space.

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1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City..... (No. **2619 North Market**) St. Ward

File No.....
 Registered No.....
 St. Ward

2. FULL NAME

Eliza Mitilda Goodroe

(a) Residence, No. *2619 North Market* St., *20* 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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *Divorced*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Napoleon Goodroe*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Apr. 7, 1852*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 5 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Nil*
 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) *Indiana*

MOTHER 13. NAME *Hensy Buckley*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Indiana*

15. MAIDEN NAME *Elizabeth Buckler*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Indiana*

17. INFORMANT *Mrs. F. H. Lewson* (ADDRESS) *2619 North Market St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Matthews Church* DATE *Oct 1, 1935*

19. UNDERTAKER *Goodhart & Goodhart* (ADDRESS) *2619 North Market St.*

20. FILED *SEP 30 1935* *J. T. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sep 28, 1935*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 30, 1935, to Sep 28, 1935*

I last saw him alive on *Sep 26, 1935*. Death is said to have occurred on the date stated above, at *11:50 a. m.*

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

Cerebral Hemorrhage Date of onset *Sep 28*

Other contributory causes of importance *Atherosclerosis*

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) *G. C. Emerson*, M. D.

(Address) *3920 Easton*

