

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

Do not use this space.

**1. PLACE OF DEATH**

County Howe Registration District No. 384  
Township Howe Primary Registration District No. 5335  
City West Plains, Mo. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 32562

Registered No. \_\_\_\_\_

**2. FULL NAME**

MILDRED MAXINE GOOD

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 6 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX FR 4. COLOR OR RACE WHT 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) CHILD

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/28, 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

22. I HEREBY CERTIFY, That I attended deceased from October 22, 1935, to October 22, 1935  
I last saw her... alive on Oct 22, 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:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB 13-1929  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 6 8 15

Never saw her but saw - Don't know Date of onset \_\_\_\_\_

8. Trade, profession, or particular kind of work done, as splener, sawyer, bookkeeper, etc. Child  
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 \_\_\_\_\_

Multiple Myeloma with atrophy of  
Other contributory causes of importance:  
Ocular metastasis and, evidently, a post ocular tumor.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WEST PLAINS, MO

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Symptom Was there an autopsy? no

13. NAME M. E. Good & Pl

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WEST PLAINS, MO

15. MAIDEN NAME MILDRED MAXINE

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WEST PLAINS, MO

17. INFORMANT (ADDRESS) P. E. Good West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE BARRIST DATE 10/28/29 1935

19. UNDERTAKER (ADDRESS) Robt.sons Mortuary West Plains, Mo.

20. FILED 10-29 1935 Vida M. SIMONIS Registrar.

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) Ch. Sparks, M. D.  
(Address) West Plains, 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.

DEC 18 1935

