

FEB 19 1936

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City

Jacks on

Sm a bar

Blue spring mo

Registration District No.

Primary Registration District No.

St.

395

2357A

File No.

Registered No.

St.

Ward

1122

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

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.

James W. Goodloe
Blue spring mo RFD.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

w

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

single

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

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

July - 17 - 1920

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day,hra.
ormin.

15

5

14

OCCUPATION

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

Blue Springs mo

13. NAME

Edgar Goodloe

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

Blue Springs mo

15. MAIDEN NAME

Clara Enlow

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

Blue Springs mo

17. INFORMANT
(ADDRESS)

Edgar Goodloe

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

1 - 2 -

1936

19. UNDERTAKER
(ADDRESS)R. B. Bechtel
Blue Springs mo

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

1 - 1 -

1936

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h..... alive on..... 19..... Death is said

to have occurred on the date stated above, at 4:15 a.m.

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

Date of onset

Fracture skull
Accident on Charles road

Other contributory causes of importance:

None

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? Accident Date of injury 11, 1936Where did injury occur? Near Independence
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Auto - Driver of Auto

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

W. J. [Signature]
203 S. [Address]

M. D.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

