MAR 12 1936

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

Do not use this space.

File No. 7816

Registered No. 1514

1. PLACE OF DEATH

County ..... Registration District No. 1000 (721)

Township ..... Primary Registration District No. .....

City St. Luke's Hosp. (No. St. Louis Mo. St. ..... Ward)

2. FULL NAME Josephine R. H. Goad

(a) Residence, No. 620 Pearl Ave St., N.R. Ward. Kirkwood Mo
(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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 7—1871

7. AGE: Years 64 ~~65~~ | Months 11 | Days ~~32~~ | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Missouri

FATHER

13. NAME: Heber Haugh

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

MOTHER

15. MAIDEN NAME: Ellen Scheetz

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

17. INFORMANT (ADDRESS): Louis F. Goad 222 E. Jefferson Kirkwood

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE 2/11 1936

19. UNDERTAKER (ADDRESS): Louis F. Boyce Kirkwood Mo.

20. FILED FEB 10 1936, 19.... J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1935, to Feb. 9, 1936, I last saw her alive on Feb 9, 1936. Death is said to have occurred on the date stated above, at 8:40 p.m.

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

	Date of onset
Tabes Dorsalis 80	5 yr. ago
Other contributory causes of importance: Abscess of buttock Results, mary of Bedsore	

Name of operation: Blood or Date of:

What test confirmed diagnosis? Spinal fluid 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? No

If so, specify

(Signed) Clem. Becke, M. D.

(Address) 3720 Washington

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.