

APR 20 1936

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

Do not use this space.

11142

1. PLACE OF DEATH

County Jackson
Township Washington
City Washington (No. St. Ward)

Registration District No. 404
Primary Registration District No. 5558

File No.
Registered No. 25

2. FULL NAME

Sylvia Goodwin

(a) Residence, No. St. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Virvan Goodwin</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 2, 1911</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>24</u>	<u>11</u>	<u>29</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>			
	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)
Kansas

13. NAME
Currie

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

15. MAIDEN NAME
Cora Tate

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

17. INFORMANT
Virvan Goodwin
(ADDRESS) Washington, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Belton, Mo DATE 4/2 1936

19. UNDERTAKER C. F. George & Sons
(ADDRESS) Washington, Mo

20. FILED 4/2 1936 C. F. George
Regist. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/31, 1936

22. I HEREBY CERTIFY, That I attended deceased from
Mar 27, 1936, to Mar 31, 1936

I last saw her alive on Mar 31, 1936. Death is said

to have occurred on the date stated above, at 2:30 p.

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

Lobar Pneumonia

Date of onset
3-26-36

Other contributory causes of importance:

Exophthalmic Goiter
Infectious

Name of operation Date of
What test confirmed diagnosis? Clinical 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) Ala. B. Rader, M. D.

(Address) Martin City, Mo

Physicians should state the cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

