

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

Do not use this space.

**OCT 23 1936**

**31903**

**1. PLACE OF DEATH**

County Pemscot  
Township Holland  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 656  
Primary Registration District No. 6281

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME Bethie Ruth Goad**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-13-1936

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

22. I HEREBY CERTIFY, That I attended deceased from 8-13-1936 to 8-13-1936  
I last saw h.e. alive on 8-13-1936 Death is said to have occurred on the date stated above, at 4:40 a.m.  
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-13-34  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 2 hrs. or 2 min.

Date of onset \_\_\_\_\_  
Pneumonia

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 \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_  
159

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

FATHER 13. NAME Lin Goad

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. \_\_\_\_\_

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

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

MOTHER 15. MAIDEN NAME Berdy White

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

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

(Signed) L. E. Cooper, M. D.  
(Address) Cooper, Mo.

17. INFORMANT (ADDRESS) Tiny Goad  
Holland Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Polymor DATE 8-14-1936

19. UNDERTAKER (ADDRESS) Burner Undert Co  
St. Louis Mo

20. FILED 10-4-1936 Tom Bugner  
Registrar

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.

