

DEC 4 1936

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

Do not use this space.

40197

1. PLACE OF DEATH

County Wayne
Township Melapring
City Melapring (No. _____)

Registration District No. 895
Primary Registration District No. 6197

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Andrew Jackson 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 15, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 1933, to 10-15, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16, 1854

I last saw him alive on 9-17, 1936 Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS 82 MONTHS 11 DAYS 29 IF LESS than 1 day, _____ hrs. or _____ min.

Chronic nephritis Date of onset _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Railroader
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: atherosclerosis

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

13. NAME unknown

Name of operation _____ Date of _____

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

What test confirmed diagnosis? 15 Was there an autopsy? _____

15. MAIDEN NAME unknown

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

17. INFORMANT (ADDRESS) _____

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Desha DATE Oct. 17, 1936

Nature of injury _____

19. UNDERTAKER (ADDRESS) Green Funeral Service Poplar Bluff Mo.

24. Was disease or injury in any way related to occupation of deceased? _____

20. FILED 10/29 1936 Mrs. J. D. Bone Registrar.

If so, specify J. D. Bone (Signed) _____, M. D.
(Address) Poplar Bluff 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.

