

DEC 20 1936

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

Do not use this space.

41351

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township How Primary Registration District No. 1002
City Randolph City (No. St. Joseph Hospital) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Lillian Belle Goner

(a) Residence, No. 5100 East - 22nd 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 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 Harry Goner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 26 - 1862
7. AGE YEARS 74 MONTHS 9 DAYS _____ IF LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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

MOTHER FATHER 13. NAME Geo Humble

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

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT C. C. Harper
(ADDRESS) 2037 Jackson Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE Nov - 19 - 36

19. UNDERTAKER Mrs. C. J. Carter
(ADDRESS) 912 Broadway

20. FILED Nov 18 1936 M. M. Orme
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 - 17 - 36

22. I HEREBY CERTIFY, That I attended deceased from 11-17, 1936 to 11-19, 1936

I last saw him alive on 11-16, 1936 Death is said to have occurred on the date stated above, at 7:15 A

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

12 weeks Pneumonia Date of onset 3 days

Other contributory causes of importance:
Secondary Anemia
Entero enteritis

Name of operation None Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Joseph L. Carter, M. D.

(Address) Randolph City, 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.

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Angela Kelly

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