

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

Do not use this space.

JAN 20 1937

45192

1. PLACE OF DEATH

County Jasper Registration District No. 411
 Township Galena Primary Registration District No. 2002
 City Jasper (No. West 7th Street) St. _____ Ward _____

2. FULL NAME

Fred J. Goodenow
 (a) Residence, No. West 7th St Jasper 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth C. Goodenow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17-1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
65 5 25

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Underwear
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Manuf
 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) Albion Mich

MOTHER FATHER
 13. NAME D. H. Goodenow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Ill.

15. MAIDEN NAME Viola Foote

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rochester N.Y.

17. INFORMANT J. Frank Goodenow
 (ADDRESS) R. E. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE R. E. Mo. DATE 12-12-36

19. UNDERTAKER Frank Sewers Co
 (ADDRESS) 4th & 1st

20. FILED 12-14-36 Ed D. Jones
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 12-1936

22. I HEREBY CERTIFY, That I attended deceased from I saw him dead Dec. 12-1936
 I last saw him alive on Dec. 11-1936, 19____. Death is said to have occurred on the date stated above, at 7:00 a.m.
 The principal cause of death and related causes of importance were as follows:

Heart Beach Date of onset _____

Other contributory causes of importance: _____

Name of operation ASU Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify _____

(Signed) A. H. Winchester, M. D.
 (Address) Jasper, 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.

