

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.

MAR 20 1937

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

Do not use this space.

7902

1. PLACE OF DEATH

County St. Francois Registration District No. 222 File No. 674
Township St. Francois Primary Registration District No. 9463 Registered No. _____
City Elvers (No. _____) St. _____ Ward _____

2. FULL NAME

James W. Goodman
(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 M 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annabelle Goodman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 20th 1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
54 11 23

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
10. Date deceased last worked at this occupation (month and year) 1/2/37 11. Total time (years) spent in this occupation 34

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron Co Mo

13. NAME Wm Goodman

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

15. MAIDEN NAME Nancy Allison

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

17. INFORMANT Annabelle Goodman (ADDRESS) Elvers Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE org. alula, mo DATE 2-19 1937

19. UNDERTAKER Caldwell Bros (ADDRESS) Flat River mo.

20. FILED 3-4 1937 B. B. Baran Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18 1937

22. I HEREBY CERTIFY, That I attended deceased from 5/8 1936 to 1937

I last saw him alive on 2/18 1937. Death is said to have occurred on the date stated above, at 6:20 A.M.

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

Chronic myocarditis with aortic, mitral, tricuspid and Pulmonic regurgitation. Chronic decompensation and chronic suppurative all of several years duration

Other contributory causes of importance:

Name of operation 131 Date of _____
What test confirmed diagnosis? Histology and culture Was there an autopsy? no

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

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

Manner of injury L
Nature of injury L

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) Paul L. Jones, M. D.
(Address) Flat River, mo

