

APR 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Lawrence

Registration District No.

425

File No.

12454

Township

Spring River

Primary Registration District No.

5639

Registered No.

City

(No.

St.

Ward)

2. FULL NAME

Sarah E. Goddard

(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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

M

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

—

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

July 18, 1852

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Home Repair

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)

Texas

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

Mrs Ella Garwood

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cassville MO DATE 3-21-1937

19. UNDERTAKER (ADDRESS)

King Funeral Home

20. FILED

3-8

1937

a J Rudig

Registrar

MEDICAL CERTIFICATE OF DEATH

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

3-19, 1937

22. I HEREBY CERTIFY, That I attended deceased from

3-19, 1937, to 3-19, 1937

I last saw her alive on 3-19, 1937 Death is saidto have occurred on the date stated above, at 9 P m.

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

Uremia

Date of onset

2 da

Other contributory causes of importance:

Chronic cardiac
G. B. cardiac valve D.
InfluenzaName of operation no Date ofWhat 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? no 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)

R. D. Towan, M. D.

(Address)

Cassville, Mo.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

FORM 20-35 I X724

