MAY 19 1937

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

Do not use this space.

1. PLACE OF DEATH

93 County Clinton — Registration District No. 204 — File No. 16090

1 Township Shoal — Primary Registration District No. 3013 — Registered No. 16

4 City Cameron (No. ..... St. ..... Ward)

2. FULL NAME Nathan Sheward Goodrich

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	white	widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 2, 1844

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	93		13	

OCCUPATION

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

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) Ohio.

FATHER

13. NAME Richard Goodrich

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

MOTHER

15. MAIDEN NAME Jane Bonser

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) James E Goodrich Kansas City Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Evergreen Cem. DATE 4-17- 1937

19. UNDERTAKER (ADDRESS) J U Poland Cameron

20. FILED Apr 17 1937 Dr C H Risley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 10, 1934, to April 15, 1937

I last saw him alive on April 15, 1937. Death is said to have occurred on the date stated above, at 11.00 A.m.

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

	Date of onset
Interstitial Nephritis	1934

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Other contributory causes of importance:

Chronic Prostatitis	15 yrs
Uremic Coma	1 day

Name of operation ..... 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) [signature], M. D.

(Address) Cameron Mo