

Exact statement of OCCUPATION is very important.

MAY 19 1937

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

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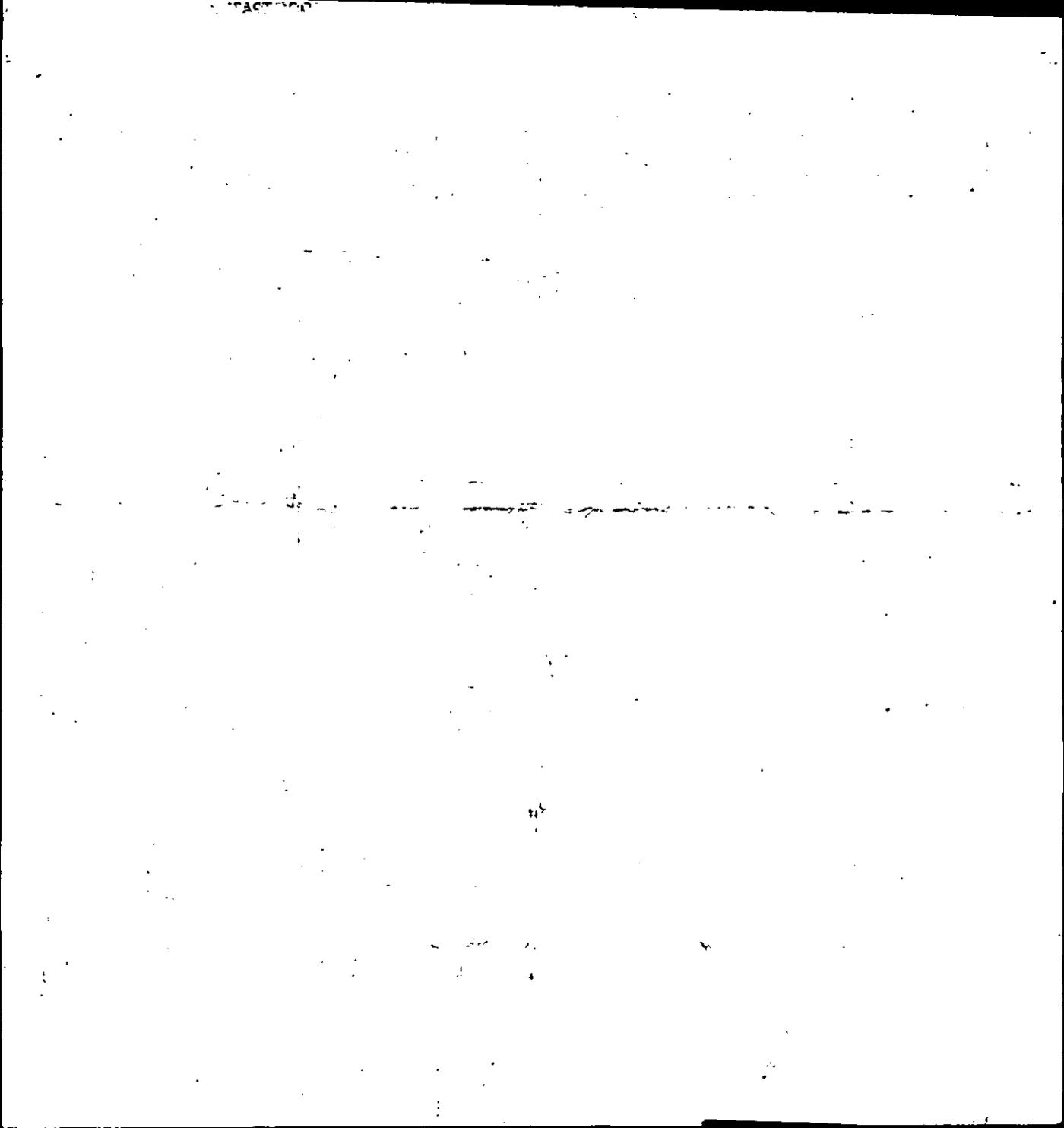
1. PLACE OF DEATH: 35 County Dupplin, Registration District No. 287, Township Clay, Primary Registration District No. 5405, City Hannibal, (No. 9) St. Ward. 2. FULL NAME Mahala Goodman. (a) Residence, No. (Usual place of abode) St. Ward. Length of residence in city or town where death occurred yrs. mos. 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) Married. 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Goodman. 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 24 1894. 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 42 4 19. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife. 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) Ark. 13. NAME Sam. Bunting. 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 15. MAIDEN NAME Emma Hall. 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 17. INFORMANT Frank Goodman (ADDRESS). 18. BURIAL, CREMATION, OR REMOVAL PLACE Coldwater DATE 1937. 19. UNDERTAKER Howard Lind Co (ADDRESS) Beachville Ark. 20. FILED 4-19 1937 C. J. [Signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/18 1937. 22. I HEREBY CERTIFY, That I attended deceased from 19 to 19. I last saw h. alive on 19. Death is said to have occurred on the date stated above, at 5:30 A.M. The principal cause of death and related causes of importance were as follows: Unattended By a Physician. Cerebral Hemorrhage. Date of onset. Other contributory causes of importance: Hypertension. 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. Coroner of Dupplin Co. [Signature] mo



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Dunklin  
Township Clay  
City (No. ....) (St. ....) (Ward ..)

Registration District No. 287  
Primary Registration District No. 3405-

File No. 16251  
Registered No. ....

**2. FULL NAME** Mahala Goodman

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/18, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from ....., to ....., 19 .....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at..... m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9 - 1894

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
42 4 19

Date of onset

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

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 .....

Other contributory causes of importance:

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

13. NAME

Name of operation ..... Date of .....

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

What test confirmed diagnosis? ..... Was there an autopsy? .....

15. MAIDEN NAME

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

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

Where did injury occur? ..... (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) .....

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury .....

PLACE Calderwood DATE April 19, 1937

Nature of injury .....

19. UNDERTAKER (ADDRESS) .....

24. Was disease or injury in any way related to occupation of deceased? .....

20. FILED 4/19, 1937 E. G. Cope Registrar.

If so, specify ..... (Signed) George Gillmore M. D. (Address) Colours Dunklin Co Barnett

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Exact statement of OCCUPATION is very important.

5-16257