

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 17 1937

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

Do not use this space.

1. PLACE OF DEATH
 13 County Butler Registration District No. 89
 2 Township Poplar Bluff Primary Registration District No. 3007
 7 City Poplar Bluff (No. _____) St. _____ Ward _____

2. FULL NAME Freddie Alene Goya
 (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.

19574
 File No. _____
 Registered No. 132
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1929

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>7</u>	<u>13</u>	<u>11</u>	<u>29</u>	

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deering, Missouri

13. NAME Leonard Fred Goya

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lourens, Missouri

15. MAIDEN NAME Louise Beasley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Marys, Missouri

17. INFORMANT Mr Leonard Fred Goya (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Malden Mo DATE May 11, 1937

19. UNDERTAKER W L Craig (ADDRESS) malden mo

20. FILED 5/11, 1937 Obstetinger Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1937, to May 9, 1937
 I last saw her alive on May 9, 1937 Death is said to have occurred on the date stated above, at 10:35P.m.
 The principal cause of death and related causes of importance were as follows:
acute gangrene appendix Date of onset 5-7-37

Other contributory causes of importance: 121

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) W L Craig M. D.
 (Address) Poplar Bluff Mo

