

SEP 24 1937

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

Do not use this space.

1. PLACE OF DEATH

County Pike
Township Cairo
City Bowling Green (No. _____) St. _____ Ward _____

Registration District No. 684
Primary Registration District No. 4408

File No. 31488
Registered No. 29

2. FULL NAME

Isabelle M. Goodman
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 — 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Buffalo Township Pike Co Mo

13. NAME Andrew Martin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo Township Pike Co Mo

15. MAIDEN NAME Nancy Humphrey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo Township Pike Co Mo

17. INFORMANT Mrs. Plice Goodman (ADDRESS) Bowling Green Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Noix Creek Cem. DATE Aug. 20 1937

19. UNDERTAKER H. B. C. Moore (ADDRESS) Bowling Green Mo

20. FILED 9-10 1937 M. B. C. Moore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-18 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 5 - 1937 to 8-18 - 1937

I last saw her alive on 9-16 - 1937 Death is said to have occurred on the date stated above, at 10 m.

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

Enterocolitis

Date of onset

Other contributory causes of importance:

Arthritis Deformans

1920

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) J. H. Hilborn M. D.

(Address) Bowling Green Mo

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.

