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.

JAN 15 1938

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

Do not use this space.

File No. 44631

Registered No. 9

1. PLACE OF DEATH
County: Barton
Township: Richland
City: ..... (No. ..... St. ..... Ward)
Registration District No. 1004
Primary Registration District No. 5049

2. FULL NAME: Henry Turner Goodrich

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary C. Goodrich

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 4 1857

7. AGE			
YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
80	3	13	

OCCUPATION
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.: Farmer
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): Peoria Co Ill

FATHER
13. NAME: R. C. Goodrich
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Miranda Fash
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Peoria Co Ill

17. INFORMANT (ADDRESS): H. R. Goodrich, Denver Colo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Carmel DATE: Dec 20 1937

19. UNDERTAKER (ADDRESS): Teeter Bro's, Jasper Mo

20. FILED 1/11 1938 Thelma Crahood
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 17th 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1937, to Dec 17, 1937
I last saw him alive on Dec 17, 1937. Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Cardio renal disease with acute myocardial failure

Other contributory causes of importance:

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. A. Atkins, M. D.
(Address) Lamar, Mo