

RECEIVED

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

Do not use this space.

FEB 18 1938

1. PLACE OF DEATH

County Jackson
BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH
City Kansas City, Mo.

Registration District No. 399

Primary Registration District No. 1002

1313
File No. 1
Registered No. 1
St. Ward

2. FULL NAME Emma C. Goodrich, 64.
729 Highland Avenue, City.

(a) Residence, No. 729 Highland Avenue, City. 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 Female
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 Alfred Goodrich

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 17th, 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
83 11 14

OCCUPATION
8. Trade, profession, or particular kind of work done, as splaner, 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) Indiana
(STATE OR COUNTRY)

FATHER
13. NAME Silas Morpew

14. BIRTHPLACE (CITY OR TOWN) Ind. Nancy Townsend,
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Sarah No record

16. BIRTHPLACE (CITY OR TOWN) No Record.
(STATE OR COUNTRY)

17. INFORMANT George Goodrich K. C. Mo.
(ADDRESS) 729 Highland

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Lawn DATE Jan. 3rd, 1938

19. UNDERTAKER Mrs. C.L. Forster, K. C. Mo.
(ADDRESS)

20. FILED Jan 18 38 M. M. Browne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 1st, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 3-1938, 1938 to Jan 1, 1938
I last saw her alive on Jan 1, 1938 Death is said to have occurred on the date stated above, at 9:15 P.m.
The principal cause of death and related causes of importance were as follows:

Hyper tension of heart & arteriosclerosis

Other contributory causes of importance:
Intoxication of nephritis

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) M. D.
(Address)

3816

3816 Anderson
501F

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

1313 f
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township K. C. Primary Registration District No. 1002 Registered No. 1
 (c) City K. C. (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Emma C. Goodrich

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
83 11 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19____

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED _____, 19____

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1, 1938

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

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

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

Hypertrophy of Heart
Arteriosclerosis

Date of onset

Other contributory causes of importance:

Interstitial Nephritis
Chronic

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) A. B. Drew, M. D.

(Address) 124 Prospect

SUPPLEMENT

