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.

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

Do not use this space.

2/1

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 1398

Township Kaw — Primary Registration District No. 1002 — Registered No. 86

City Kansas City, Mo. (No. 6809 1/2 Wilson Ave St. Ward)

2. FULL NAME Sarah E. Goode 300

(a) Residence, No. 6809½ Wilson ave. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Unknown 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: Albert Goode

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 22 1852

7. AGE: 85 YEARS — MONTHS: 2 — DAYS: 15 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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): Tenn.

FATHER

13. NAME: No record
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record

MOTHER

15. MAIDEN NAME: No record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record

17. INFORMANT (ADDRESS): G. E. Goode 6809½ Wilson Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Edmond Okla DATE Jan 9th 1938

19. UNDERTAKER (ADDRESS): SHEIL FUNERAL HOME 6606 INDEPENDENCE AVE.

20. FILED Jan 7, 1938 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec-28, 1937, to Jan-6-, 1938

I last saw her alive on January 6, 1938 Death is said to have occurred on the date stated above, at 5-10 A.M.

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

Bronchopneumonia — Date of onset

11a

Other contributory causes of importance: Exposure - Flu Cold

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical 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) E. W. Martin, M. D.

(Address) 6800 Winner Rd

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