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

Do not use this space.

1. PLACE OF DEATH
County: BUCHANAN — Registration District No.: 85 — File No.: 2133
Township: WASHINGTON — Primary Registration District No.: 1001 — Registered No.: 114
City: ST. JOSEPH (No. ST. JOSEPH HOSPITAL St. Ward)

2. FULL NAME: MARTHA ELIZABETH GOODALE
(a) Residence, No. 939 N. 25TH ST. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 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): DIVORCED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: GROVER CLEVELAND GOODALE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): APRIL 23, 1884

7. AGE: YEARS 53 — MONTHS 9 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: SEAMSTRESS
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: SUN. MFG. CO.
10. Date deceased last worked at this occupation (month and year): UNK
11. Total time (years) spent in this occupation: UNK

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): BETHANY, MISSOURI

FATHER
13. NAME: FAY MILLER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN, MISSOURI

MOTHER
15. MAIDEN NAME: MARGARET CHAMPION
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN INDIANA

17. INFORMANT (ADDRESS): M. F. GOODALE, SON, ST. JOSEPH, MISSOURI.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: ASHLAND CEMETERY, DATE: JAN. 31, 1938

19. UNDERTAKER (ADDRESS): FLEEMAN & SON, INC. 1946 COLHOUN ST. ST. JOSEPH, MO.

20. FILED: 1/31, 1938 H. J. Westlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): JAN, 28, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/8, 1938, to 1/27, 1938
I last saw her alive on 1/28, 1938. Death is said to have occurred on the date stated above, at 5:30 A.M.
The principal cause of death and related causes of importance were as follows:

Fracture Hip Rt. — Date of onset

Other contributory causes of importance:
Secondary anemia

Name of operation: none — Date of
What test confirmed diagnosis? X-ray — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident — Date of injury 12/31, 1937
Where did injury occur? St. Joseph (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
fell at home
Manner of injury: Fall
Nature of injury: Fracture Hip

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Jacob Kulourlin, M. D.
(Address) St. Joseph, 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.

BUREAU OF VITAL STATISTICS MO. STATE BOARD OF HEALTH FEB 2 1938