

REC'D JUN 9 1938

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

16322

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City St. Louis (d) Street No. BARNES HOSPITAL 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.

Registered No. **4183**2. PRINT FULL NAME Orival Wiley Goode **300**

(a) Residence, No. 1111 St. **NR** SALEM, MO.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | | |
|---|--|---|---|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u> | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>HATTIE MARGOADE</u> | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 3 - 1878</u> | | | |
| 7. AGE | YEARS <u>58</u> | MONTHS <u>10</u> | DAYS <u>2</u> |
| | | | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>FARMER</u> | | |
| | 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) <u>MAR. 1938</u> | | |
| | | | 11. Total time (years) spent in this occupation <u>5 yrs.</u> |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Howell County MO</u> | | | |
| FATHER | 13. NAME <u>Sam Goode</u> | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unk. MO.</u> | | |
| MOTHER | 15. MAIDEN NAME <u>Sarah Nash</u> | | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unk. MO.</u> | | |
| 17. INFORMANT <u>Lettie Mae Parson</u> (ADDRESS) <u>1819 S. Newstead</u> | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Salem, MO.</u> DATE <u>5-9-38</u> | | | |
| 19. FUNERAL DIRECTOR (NAME) <u>ALBERT H. HOPPE, INC.</u> (ADDRESS) <u>429 No. Euclid, Ave.</u> | | | |
| 20. FILED <u>MAY - 6 1938</u> <u>J. D. Brewer</u> Local Registrar. | | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-5-38 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-11, 1938, to 5-5, 1938.
I last saw him alive on 5-5, 1938. Death is said to have occurred on the date stated above, at 6:29 a.m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Embolus Date of onset 5/5/38

Abscess from 106 non T.B.
Other contributory causes of importance:
Osteomyelitis of humerus
Unresolved pneumonia

Name of operation Drainage of abscess Date of 5/13/38
What test confirmed diagnosis? Was there an autopsy? Yes

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? No
If so, specify
(Signed) C. W. Smith, M. D.
(Address) BARNES HOSPITAL

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.