

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

Do not use this space.

RECORDED JAN 25 1939

1. PLACE OF DEATH

55 County Lawrence Co. 2
Township Junction 1
City _____ No. _____

Registration District No. 470
Primary Registration District No. 5-670

File No. 43647
Registered No. 63
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. _____ St. _____ 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 23, 1869
7. AGE YEARS 76 MONTHS 4 DAY 8 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Farmer

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) Illinois /

13. NAME Jacob Good

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Bettie Good

18. BURIAL, CREMATION, OR REMOVAL PLACE Summit DATE Jan 2, 1939

19. UNDERTAKER (ADDRESS) Forsyth Funeral Home

20. FILED Jan 31, 1939 P. A. Holmbeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31, 1938

22. HEREBY CERTIFY, That I attended deceased from Dec. 20, 1938, to Dec 31, 1938

I last saw him alive on Dec. 27, 1938 Death is said to have occurred on the date stated above, at 10:30 P.M.

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

Acute bronchitis
Chronic myocarditis

Date of onset Dec 14

Other contributory causes of importance: 93C
Influenza
Rheumatoid Arthritis Dec 14, 1935

Name of operation none Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? no

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) Don J. Silsby M. D.

(Address) mt. Vernon, 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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