

DEC'D FEB 21 1939

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City

Wesman
Washington
Grandview - P.R.

Registration District No.

Primary Registration District No.

204

5558

File No.

Registered No.

2625

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

*Male**White**Married*

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

Elizabeth Altap Good

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

Nov 26, 1882

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

*56**1**4*

OCCUPATION

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

Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

*Nov 1935**1/2*

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

Wellington Mo.

FATHER

13. NAME

John Good

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

unknown

MOTHER

15. MAIDEN NAME

Elizabeth Altap

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

unknown

17. INFORMANT (ADDRESS)

Mrs. H. B. Good Grandview, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Wellington Mo.

DATE

1/1

1939

19. UNDERTAKER (ADDRESS)

B. R. George & Sons Grandview Mo

20. FILED

1-4-

1939

Mrs. J. S. Brennan

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

*12/30**1938*

22. I HEREBY CERTIFY That I attended deceased from

*May 14 - 1938, to Dec 30 - 1938*I last saw him alive on *Dec 20 - 1938* Death is saidto have occurred on the date stated above, at *4:30 A.M.*

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

*Coronary Occlusion*Date of onset
11, 30, 1938

Other contributory causes of importance:

*Coronary Occlusion**Myocardial Infarction*

Name of operation

none

Date of

What test confirmed diagnosis? *Chemical* 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? _____

If so, specify _____

(Signed) *M. D. Brennan*

M. D.

(Address) *Marion City, 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.

JUN 5 1957