

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.

DEC 12 1939

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

39204
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Registration District No. 125

(b) Township Cape Primary Registration District No. 3009

(c) City Cape Girardeau (d) Street No. St. Francis Hosp. Registered No. 377

(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.

2. PRINT FULL NAME Barbara Jean Goehman

(a) Residence, No. Smelternelle St. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Singled

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16, 1939

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
		<u>5</u>	<u>21</u>	

OCCUPATION

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

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Cape Girardeau (STATE OR COUNTRY) Mo.

FATHER

13. NAME Oscar Goehman

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

MOTHER

15. MAIDEN NAME Hazel Duncan

16. BIRTHPLACE (CITY OR TOWN) Mountain View (STATE OR COUNTRY) Mo.

17. INFORMANT Oscar Goehman (ADDRESS) Cape Girardeau Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairmont Cemt. DATE Nov 7, 39

19. FUNERAL DIRECTOR (NAME) L.L. Haman (ADDRESS) Cape Girardeau Mo.

20. FILED 11-7 39 Jm Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from 11/3, 1939, to 11/7, 1939. I last saw her alive on 11/7, 1939. Death is said to have occurred on the date stated above, at 5:45 P.M.

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

Enterocolitis complicated by Bacillus pneumoniae

Date of onset

Other contributory causes of importance: 11/7

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) Chas. J. Gilbert M. D. (Address) 630 Good Hope Cape Girardeau Mo

(Licensed Embalmer's Statement on Reverse Side)

Goldman

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 *L. F. Goldman*

Licensed Embalmer No.

P. O. Address *Chicago, Ill.*

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.