

MAY 28 1940

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

15053

Do not use this space.

1. PLACE OF DEATH

(a) County Iron Registration District No. 391
 (b) Township Arcadia Primary Registration District No. 4230
 (c) City Ironton (d) Street No. St. Mary's 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.

2. PRINT FULL NAME Greenberry Goggins

(a) Residence, No. Black Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
78 2 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired
 9. Industry or business in which work was done, as saw mill, bank, etc. farmer
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Black Mo. (STATE OR COUNTRY)13. NAME William Goggins14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)15. MAIDEN NAME Lettie Boyd16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)17. INFORMANT Raymond Goggins (ADDRESS) Black Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Black Mo. DATE April 9, 194019. FUNERAL DIRECTOR (NAME) Harmon White & Son (ADDRESS) Ironton Mo.20. FILED Apr-10-40 Julia A. Hunter Local Registrar.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8, 194022. I HEREBY CERTIFY, That I attended deceased from April 4, 1940, to April 8, 1940I last saw him alive on April 8, 1940. Death is saidto have occurred on the date stated above, at 5:45 A.
 The principal cause of death and related causes of importance were as follows:Peritonitis

Date of onset

Other contributory causes of importance:

Ruptured appendixName of operation Incision & drainage of peritoneal cavity Date of 4-7-40What test confirmed diagnosis? operation Was there an autopsy? no23. 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 injury24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify(Signed) George Gay, M. D.
 (Address) Ironton, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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-EMBALMERS SUPPLY CO. THIS IS A PERMANENT RECORD

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.