

JUN 25 1930

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

Do not use this space.

15917

1. PLACE OF DEATH

County Henry Registration District No. 349
Township Deer Creek Primary Registration District No. 3449
City (No.) St. Ward (No.)

File No.
Registered No. 16

2. FULL NAME

Halsey Fred Goodrich
(a) Residence No. 4 St. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. 4 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 1st 1930

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

17. I HEREBY CERTIFY, That I attended deceased from April 21, 1930, to MAY 1, 1930, and that I last saw him alive on MAY 1, 1930, and that death occurred, on the date stated above, at 10:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 23 - 1914
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
16 | 3 | 9 | 8

118
108
Pneumonia, double
(duration) yrs. mos. 1 da.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Chain Hoist
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Mo

18. WHERE AS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH
8 NO
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?

10. NAME OF FATHER P. L. Goodrich

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. C. Banta, M. D.
, 19 (Address) Calhoun Mo.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Henry Mo

12. MAIDEN NAME OF MOTHER Carrie Stocking

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Washo Mo

14. INFORMANT (Address) Frank Goodrich
Calhoun Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Calhoun Cemetery May 3 1930

15. FILED May 24 1930 Mrs. A. A. Gray
REGISTRAR

20. UNDERTAKER ADDRESS
W. H. Houser Calhoun 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.

