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.

APR 20 1936

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

Do not use this space.

File No. 10448

Registered No. 104

1. PLACE OF DEATH
County Jackson Registration District No. 398
Township Blue Primary Registration District No. 5554
City Englewood (No. 20th & Northern Blvd St.) Ward)

2. FULL NAME Richard David Goins

(a) Residence, No. 20th & Northern Blvd St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 4 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	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-31-1932

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	3	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Kansas City Mo.

FATHER

13. NAME Douglas Goins

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

MOTHER

15. MAIDEN NAME Grace O'Dell

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

17. INFORMANT (ADDRESS) Douglas Goins 20th & Northern

18. BURIAL, CREMATION, OR REMOVAL
PLACE Purdin - Mo DATE Mch-7, 1936

19. UNDERTAKER (ADDRESS) H.W. McComas Son Kansas City - Mo.

20. FILED 3-9, 1936 J. L. Black Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch - 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1936, to March 5, 1936
I last saw h.. alive on 3 - 5, 1936 Death is said to have occurred on the date stated above, at 12:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchitis & Influenza	2-27-36

Other contributory causes of importance:
Chronic Tonsils
Malnutrition

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

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) George M Polk, M. D.
(Address) 11037 Wesson Indep, Mo.

11037 Winner Road.

3 - 5 ± pm.