

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

Do not use this space.

34440

**1. PLACE OF DEATH**

County Jackson  
 Township Leis Summit  
 City Leis Summit (No. Residence)

Registration District No. 400  
 Primary Registration District No. 4235

File No. \_\_\_\_\_  
 Registered No. 166  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, Leis Summit Mo. Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**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 Pearl Goodwin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19 1877

7. AGE YEARS 60 MONTHS 5 DAYS 6 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Purdale Kansas

13. NAME Henry Goodwin

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

15. MAIDEN NAME Julia Stafford

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

17. INFORMANT (ADDRESS) My Pearl Goodwin Leis Summit Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Leis Summit DATE Sept 28 1937

19. UNDERTAKER (ADDRESS) Fields James Leis Summit Mo

20. FILED Oct 1 1937 William J. Fields Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 25 1937

22. I HEREBY CERTIFY, That I attended deceased from June 22 1937 to Sept. 20 1937

I last saw him alive on Sept. 20 1937. Death is said to have occurred on the date stated above, at 4:30 P.M.

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

Chronic Myocarditis 17 yrs  
131

Other contributory causes of importance:  
Chronic Nephritis 10 yrs  
Arteriosclerosis  
Emphysema

Name of operation \_\_\_\_\_ 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_

(Signed) John E. Linn, M. D.  
 (Address) 140 2 1/2 Bryant

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.

