

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

PLACE OF DEATH

County Lamar  
Township Lumbard  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St.: \_\_\_\_\_ Ward)

Registration District No. 376 File No. 9168  
Primary Registration District No. 5640 Registered No. 4

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Harvey C Goodman

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX male COLOR OR RACE white SINGLE  MARRIED  WIDOWED OR DIVORCED  Married  
(Write the word)  
DATE OF BIRTH Feb. 10 1847  
(Month) (Day) (Year)

DATE OF DEATH March 23 1915  
(Month) (Day) (Year)

AGE 67 yrs. 11 mos. 13 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

I HEREBY CERTIFY, that I attended deceased from March 22, 1915, to March 22, 1915, that I last saw him alive on March 23, 1915, and that death occurred, on the date stated above, at 11 a.m.

OCCUPATION (a) Trade, profession, or particular kind of work Farmer. (b) General nature of industry, business, or establishment in which employed (or employer) General

The CAUSE OF DEATH\* was as follows: paralysis of heart

BIRTHPLACE (City or town, State or foreign country) Mo.

Contributory (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

PARENTS NAME OF FATHER Simpson Goodman BIRTHPLACE OF FATHER (City or town, State or foreign country) Tenn MAIDEN NAME OF MOTHER Sarah Lynger BIRTHPLACE OF MOTHER (City or town, State or foreign country) Tenn

(Signed) P. A. Holmes M. D. March 23, 1915 (Address) Cherapeake

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) A. A. Goodman (ADDRESS) Bris 11' are 1

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. Where was disease contracted if not at place of death? Former or usual residence \_\_\_\_\_

Filled March 23 1915 P. A. Holmes REGISTRAR

PLACE OF BURIAL OR REMOVAL Brook Springs DATE OF BURIAL March 24 1915 UNDERTAKER H. A. Hendrich ADDRESS Bris 11' are 1 Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. PHYSICIAN should be stated EXACTLY.

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc. of ..... (name origin; "Cancer" is less definite; avoid

use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthensia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

PLACE OF DEATH

County Lawrence  
Township Turnback  
Village  
City (NO. St. Ward)

Registration District No. 476  
File No.  
Primary Registration District No. 5640  
Registered No. 4

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME

Brook C. Goodman

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH (Month) (Day) (Year)

AGE yrs mos ds IF LESS than 1 day, hrs or min

OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country)

NAME OF FATHER

BIRTHPLACE OF FATHER (City or town, State or foreign country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)

(ADDRESS)

Filed March 23 1915 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 3 / 23 1915 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from to 1915, that I last saw h. alive on 1915, and that death occurred, on the date stated above.

The CAUSE OF DEATH\* was as follows:

Paralysis of Heart  
Sudden  
Contributory unknown

(Signed) M. D. 3/23/15 (Address) Chesapeake, Va

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs mos ds in the State yrs mos ds

Where was disease contracted? if not at place of death

Former or usual residence

PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1915

UNDERTAKER ADDRESS

SUPPLEMENTARY Satisfactory Information Supplied.

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