

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

Do not use this space

14624

1661

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. Rockhill Manor)

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Emrgene Parker Goodman

(a) Residence. No. Rockhill Manor St., _____ Ward. _____
(Usual place of abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 1, 1847

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
|--------|-------|--------|------|--|
| | 82 | 3 | 4 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Porter
(STATE OR COUNTRY) Michigan

10. NAME OF FATHER Charles Parker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mentor
(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Sarah Beardsley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Watkins Glen
(STATE OR COUNTRY) New York

14. INFORMANT Paul A. Simon
(Address) 1421 Wyo. St. R.D.

15. FILED 4/6 29 AM 1929
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 5, 1929

17. I HEREBY CERTIFY, That I attended deceased from Apr 2 1929, to Apr 4 1929.
that I last saw him alive on Apr 4 1929, and that death occurred, on the date stated above, at 2 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
(Arteriosclerotic causing)
Coronary Thrombosis

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? symptomatic signs
(Signed) R. T. Sloan, M. D.

4-6, 1929 (Address) Rockhill Manor

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill DATE OF BURIAL 4-8 1929

20. UNDERTAKER Shaw & McClure ADDRESS City

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
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.

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7025 Rialto Bldg.,

1-4

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