OCT 29 1930

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

Do not use this space.

27053

1. PLACE OF DEATH
County Jasper — Registration District No. 411 — File No.
Township — Primary Registration District No. 2202 — Registered No.
City Joplin (No. St. Johns Hospital Ward)

2. FULL NAME Jerome Ellis Goodman
(a) Residence. No. R.F.D. #2 St., Ward. Galena Ks.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 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): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 8 - 1860
7. AGE: Years 69 — Months 9 — Days 20 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Own Farm
(c) Name of employer: None
9. BIRTHPLACE (CITY OR TOWN): Springdale
(STATE OR COUNTRY): Arkansas

PARENTS
10. NAME OF FATHER: Jesse D. Goodman
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Tennessee
12. MAIDEN NAME OF MOTHER: Margrett Couch
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY):

14. INFORMANT: William Goodman
(Address): Galena R.F.D. #2
15. FILED 8-30, 1930 A. Benson Clark, Registrar

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 28 1930
17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.... that I last saw h.e.r.z. alive on Aug 27, 1930 and that death occurred, on the date stated above, at 6:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Peritonitis
121 R
129 (duration) yrs. mos. 5 ds.
CONTRIBUTORY (SECONDARY): Gangrenous appendix
(duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Aug 24-30
WAS THERE AN AUTOPSY? ✓
WHAT TEST CONFIRMED DIAGNOSIS? Oper
(Signed) H. C. Powers, M. D.
8/M, 1930 (Address) Joplin Mo

*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: Messer Cemetery — DATE OF BURIAL: Aug 31 1930
20. UNDERTAKER: P. M. Clark — ADDRESS: Galena Ks

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.