

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Harsus City (No. 810 Bell St) St. _____ Ward _____

16561

File No. _____
 Registered No. 2059
 St. _____ Ward _____

2. FULL NAME

James W. Goodwin
 (a) Residence No. 810 Bell Street 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. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 63,

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
 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) Unknown

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Fred Hilde (ADDRESS) 2735 Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Leavenworth Co DATE 5/12, 1933

19. UNDERTAKER H. T. ... (ADDRESS) 2735 Broadway

20. FILED 5-12, 1933 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/4/33, 1933

22. I HEREBY CERTIFY That I attended deceased from 5/4/33 to 5/4/33, 1933

I last saw him alive on 5/4/33, 1933. Death is said to have occurred on the date stated above, at 8 a.m.

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

Chronic fibrous myocarditis
anti-pulmonary edema

Other contributory causes of importance: 930

Name of operation No Date of _____

What test confirmed diagnosis Autopsy Was there an autopsy yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1933

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) [Signature]

(Address) [Address]

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.

