

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

Do not use this space.

26404

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township New Primary Registration District No. 1517
 City A.C. Mo. (No. 1517, Montgall, ave., St. St. Ward St.)

2. FULL NAME

Laura Lulla Goodrich
 (a) Residence, No. 1517 Montgall St. St. Ward St.
 (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 Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-17-1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 0 15

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

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) Ill

13. NAME J. H. Cleveland

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

15. MAIDEN NAME Bessie Dalee Boek

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

17. INFORMANT Albert C. Combs

(ADDRESS) 3732 Tracy, ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Baldwin, Mo DATE 18-4-33

19. UNDERTAKER Mrs. C. L. Foster

(ADDRESS) 718 Broadway, ave

20. FILED Aug 2, 1933 in m. c. 1 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-2-1933

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1933 to Aug 1, 1933
 last saw her alive on July 19/33 Death is said to have occurred on the date stated above, at 12/16 m.

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

Diabetic Coma Date of onset 59

Other contributory causes of importance:

Decidie Mellitis

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? no 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) C. M. Smith, M. D.
 (Address) 505 Montgall, Ave. Temple

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.

SEP 26 1933

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