

WAR 20 1935

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

Do not use this space.

1. PLACE OF DEATH
County Beechoun Registration District No. 85
Township _____ Primary Registration District No. 1001
City St Joseph (No. 2618 2010) St. _____ Ward _____
File No. 4409
Registered No. 176

2. FULL NAME Lora Mae Goodin
(a) Residence No. 2618 2010 St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Wht
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 11, 1903
7. AGE YEARS 31 MONTHS 4 DAYS 26 LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Western
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tablet Co.
10. Date deceased last worked at this occupation (month and year) July 1932
11. Total time (years) spent in this occupation 13 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico
13. NAME Charles E Goodin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
15. MAIDEN NAME Mae Calver
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mr. J. B. Jenkins
(ADDRESS) St Joseph Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE St Joseph Cem DATE Feb 9 35
19. UNDERTAKER St Joseph Home
(ADDRESS) St Joseph Mo
20. FILED 2-8-35 John R. Ruder
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7 1935
22. I HEREBY CERTIFY, That I attended deceased from Sept 1932, to Jan 8 1935
I last saw her alive on Jan 26 1936. Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis, with Lunges!
Date of onset _____
Other contributory causes of importance: Influenza 2 wks.
Name of operation None Date of _____
What test confirmed diagnosis? Smear Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury _____
Where did injury occur? None
(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? No
If so, specify _____
(Signed) Dr. Stacey M. D.
(Address) 2629 St Joseph Ave

