

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

Do not use this space.

23418

AUG 16 1935

**1. PLACE OF DEATH**

County Joplin Registration District No. 411  
 Township Joplin Mo. Primary Registration District No. 2002  
 City Joplin Mo. (No. 615-Empire) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

Jacob D. Goodman  
 (a) Residence, No. 615 Empire 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Mar

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah E. Goodman

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 14 - 1856

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>78</u>	<u>8</u>	<u>22</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Engineer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electrician  
 10. Date deceased last worked at this occupation (month and year) Retired  
 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bowling Green Warren Co. Ky

13. NAME Wm Goodman

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

15. MAIDEN NAME Anna Nuckaby

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

17. INFORMANT (ADDRESS) Minneapolis J. Goodman 615 Empire

18. BURIAL, CREMATION, OR REMOVAL Stark Cemetery July 9 1935

19. UNDERTAKER (ADDRESS) Smith - Stephens & Co Joplin, Mo

20. FILED 7-8 1935 E. D. James Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-1, 1935, to 7-7, 1935.

I last saw him alive on 7-7, 1935. Death is said to have occurred on the date stated above, at Home.

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

Angina Pectoris  
 Other contributory causes of importance: None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ 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) J. B. Liberman, M.D.  
 (Address) Joplin, Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

