

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.

FEB 25 1937

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

Do not use this space.

8

1. PLACE OF DEATH
 County Adair Registration District No. 4
 Township Richwood Primary Registration District No. 3001 File No. _____
 City Richwood (No. Green Smith) Registered No. 10 Ward) _____
 2. FULL NAME Joseph C. Goodling
 (a) Residence, No. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF T. Florence Goodling
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30-1861
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 1 21
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Businessman
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for self
 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) Macon Mo.
 13. NAME Carroll Goodling
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 15. MAIDEN NAME Elizabeth Dameron
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 17. INFORMANT T. Florence Goodling (ADDRESS) La Plata Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE La Plata DATE Jan 21 1937
 19. UNDERTAKER D. G. Christie (ADDRESS) La Plata Mo.
 20. FILED Jan 22 1937 Spencer Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21 1937
 22. I HEREBY CERTIFY, That I attended deceased from Jan 14 1937 to _____ 19____
 I last saw him alive on Jan 20 1937. Death is said to have occurred on the date stated above, at 3:45 A.M.
 The principal cause of death and related causes of importance were as follows:
4 Coronary thromboses starting Date of onset Jan 14, 1937
 Other contributory causes of importance:
Hypostatic Pneumonia
 Name of operation None 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? No
 If so, specify _____
 (Signed) George E. Cannon, M. D.
 (Address) 102 E. Patterson, Richwood, Mo.

