

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

Do not use this space.

JUN 17 1937

19691

1. PLACE OF DEATH
 County Cape Girardeau Registration District No. 125
 Township W Primary Registration District No. 3009
 City Weldon (No. 238, No. Frederick) St. W Ward 1

2. FULL NAME Wilbert W. Goines
 (a) Residence, No. 238 No. Frederick St., W Ward. (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8 - 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
30 7 23

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

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

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) Cape Girardeau Mo

13. NAME George Goines

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

15. MAIDEN NAME Eliza Brown

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

17. INFORMANT Miss Eliza Goines (ADDRESS) Cape Girardeau Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Fairmount Cem DATE June 1st, 1937

19. UNDERTAKER Walther's Funeral Home (ADDRESS) Cape Girardeau Mo.

20. FILED J-301377 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/30, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5/1, 1936 to 5/30, 1937
 I last saw him alive on 5/29, 1937 Death is said to have occurred on the date stated above, at W m.
 The principal cause of death and related causes of importance were as follows:
Endocarditis (infective) Date of onset

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 causes (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) M. D.
 (Address) Cape Girardeau Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

