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DEC 20 1937

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

Do not use this space.

41611

1. PLACE OF DEATH

County Jasper Registration District No. 411 2 File No. \_\_\_\_\_  
Township Adena Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
City Joplin, Mo. (No. St. Johns Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME Mr. Howard Blossington Goodner

(a) Residence, No. Baxter Spgs. Kans. St. E.D. 17 Ward. Baxter Spgs. Kan.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-17-1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
87 7 11

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

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

10. Date deceased last worked at this occupation (month and year) 11/28/37 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blossington Ill.

13. NAME Mr. George Goodner

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

15. MAIDEN NAME Kanecada Foster

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

17. INFORMANT Dr. Kenneth Goodner  
(ADDRESS) Goodner's Institute

18. BURIAL, CREMATION, OR REMOVAL New York.  
PLACE Mc Cune, Kans. DATE 11-29-37

19. UNDERTAKER Hurlbut Undert. Co.  
(ADDRESS) 212 9th St.

20. FILED 11-29-1937 Ed Jones  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-28-1937

22. I HEREBY CERTIFY, That I attended deceased from 11/27, 1937, to 11/28, 1937

I last saw him alive on 11-28-1937. Death is said

to have occurred on the date stated above, at 2:45 a.m.

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

"Shock" Date of onset 11-27-37  
Vasomotor collapse

Other contributory causes of importance: Multiple fractures 11-27-37  
from auto accident  
(Pedestrian)

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? Accident Date of injury 11-27-1937

Where did injury occur? Baxter Kans.  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Run over by auto

Nature of injury Crushed chest

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Ed Jones M. D.

(Address) Joplin, Mo.

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

OCCUPATION

MOTHER FATHER

