

REC'D MAY 18 1938

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

Do not use this space.

1. PLACE OF DEATH *Granger, Cal*
 County *Los Angeles* Registration District No. *316* File No. *14697*
 Township *Bay View* Primary Registration District No. *5440* Registered No. *297*
 City *San Diego* *Ozark Osteopathic Hosp.* Ward *3155*

2. FULL NAME *A. B. Goodman*
 (a) Residence, No. *Bain St. E. m.* 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 2*, 19*38*5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Nettie Goodman*22. I HEREBY CERTIFY, That I attended deceased from *4-1-*, 19*38*, to *4-2-*, 19*38*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 6, 1874*I last saw h. a. alive on *4-2-*, 19*38*. Death is said7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. *63* *9* *26*to have occurred on the date stated above, at *10:30 am*.

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

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

Acute thrombotic coronary artery

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

Date of onset

Other contributory causes of importance: *942**Stroke yrs ago**July 8-1937 - fracture**of neck of T. femur*Name of operation *setting of femur* Date of *4-2-38*What test confirmed diagnosis? _____ Was there an autopsy? *no*12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Wisconsin*13. NAME *Harvey Goodman*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *California*15. MAIDEN NAME *Medbore DeWitt*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? *accident* Date of injury *7-8, 1937*Where did injury occur? *Bain St. E. m.*

(Specify city or town, county, and State)

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

*at home fall in yard at home*Manner of injury *Fall July 8, 1937*Nature of injury *fracture neck of femur*17. INFORMANT *Nettie Goodman*(ADDRESS) *Bain St. E. m.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Rock Springs* DATE *Apr 4*, 19*38*19. UNDERTAKER *H. W. Wallace*(ADDRESS) *Bain St. E. m.*20. FILED *Apr 4*, 19*38* *Chas. U. George* Registrar

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *William S. Vitzel*(Address) *1100 S. Holladay*

N. B.—Every item of information furnished on this certificate is very important. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

4 PL
3
2

1

1 SE

2V

WITNESS
MOTHER FATHER

17 B

18 B

PL

19 FINE

20 FINE

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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14697
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PLACE OF DEATH
(a) County Greene Registration District No. 318
(b) Township Campbell Primary Registration District No. 3440 Registered No. 297
(c) City _____ (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yes mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
PRINT FULL NAME Arthur Augustus Goodman
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 2, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the day stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
63 9 26

Other contributory causes of importance:

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

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 _____

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

13. NAME

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

15. MAIDEN NAME

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

INFORMANT (ADDRESS)

BURIAL, CREMATION, OR REMOVAL PLACE DATE 19____

FUNERAL DIRECTOR (ADDRESS)

FILED Aug 16, 1938 Chas George reg Local Registrar

SUPPLEMENTARY

FOR CITY OF

