

REC'D SEP 26 1938

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

29322
Do not use this space.

1. PLACE OF DEATH *Lafayette* 2
 (a) County *Lafayette* 1 Registration District No. *460*
 (b) Township *Dobson* Primary Registration District No. *3623*
 (c) City *Higginsville* (d) Street No. _____ St.
 (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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *ELLWOOD CLAY GOALDER* 436
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *MALE* 4. COLOR OR RACE *WHITE* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *WIDOWER*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct. 11 - 1850*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 8 19

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Greensburg - Ky.*

FATHER 13. NAME *Unknown*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown* 9

MOTHER 15. MAIDEN NAME *Unknown* 9
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT (ADDRESS) *R. P. Walton - Supl. Confederate Home - 124*

18. BURIAL, CREMATION OR REMOVAL PLACE *Richmond Mo.* DATE *7/1/38* 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *A. H. Hader Higginsville, Mo.*

20. FILED *Aug 15 1938* *T. J. Hays* *Wells* (Local Registrar) *413*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 30, 1938*
 I HEREBY CERTIFY, that I attended deceased from *Dec 30* to *June 30, 1938*
 I last saw him alive on *June 29, 1938* Death is said to have occurred on the date stated above, at *7:30 AM*
 The principal cause of death and related causes of importance were as follows:

Alcoholic Cirrhosis, Liver, Obstructive jaundice
 Date of onset *May 15 1938*

Other contributory causes of importance: *124*

Name of operation *none* Date of _____
 What test confirmed diagnosis? *none* Was there an autopsy? *no*

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? *no*
 If so, specify _____
 (Signed) *Ernest M. Moore*, M. D.
 (Address) *Higginsville, 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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9/7/38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.