

REC'D OCT 19 1938

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

31939
Do not use this space.

1. PLACE OF DEATH *Ledari* 2
 (a) County *Ledari* 1 Registration District No. *163*
 (b) Township _____ Primary Registration District No. *4095* Registered No. *H9*
 (c) City *Eldorado Springs* (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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME *Minnie Goodwin* 351
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Willis H Goodwin*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar 2 1888*
 7. AGE YEARS *50* MONTHS *6* DAYS *8* If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *housewife*
 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) *Aug 25 1938* 11. Total time (years) spent in this occupation *3 1/2 yrs*
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*
 FATHER 13. NAME *Abiga Crane*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tenn*
 MOTHER 15. MAIDEN NAME *Emma Ellerman*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ind*
 17. INFORMANT (ADDRESS) *Frank Crane Eldorado Springs, Mo, R 4*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Love (Cem)* DATE *9-11-1938*
 19. FUNERAL DIRECTOR (ADDRESS) *Quinn-Siders Eldorado Springs*
 20. FILED *9-11-1938* *J. W. Dawson* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept - 10 1938*
 22. I HEREBY CERTIFY, That I attended deceased from *9-12 1938*, to *Sept 10 1938*, 1938
 I last saw her alive on *Sept 10 1938*. Death is said to have occurred on the date stated above, at *4 P* m.
 The principal cause of death and related causes of importance were as follows:
Septicemia
 Date of onset *X*
 Other contributory causes of importance:
Ruptured Gall Bladder
 Name of operation *None* Date of _____
 What test confirmed diagnosis? *Chol. Diag* Was there an autopsy? *No*
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? *No* Date of injury *No*, 19____
 Where did injury occur? *Home*
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury *None*
 Nature of injury *None*
 24. Was disease or injury in any way related to occupation of deceased? *No*
 If so, specify _____
 (Signed) *J. W. Richardson*, M. D.
 (Address) *Jefferson*

127

RECEIVED

District Health Officer No. _____

District File Number 7-38-17

Date Filed 10-5-

STATEMENT BY LICENSED EMBALMER

I, J B Siders, Licensed Embalmer No. 323

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed J B Siders

Licensed Embalmer No. _____

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

31939
Do not use this space.

1. PLACE OF DEATH

(a) County Cedar Registration District No.
(b) Township Primary Registration District No. Registered No.
(c) City (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 Minnie Goodwin

(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

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m
(write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 6 8

OCCUPATION 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10 1938

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 date stated above, at ... m.

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

Septicemia
Ruptured gall bladder
Gall stones
Date of onset

Other contributory causes of importance:

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) J. H. Richardson, M. D. (Address) Jiffen mo

SUPPLEMENT

