

REC'D FEB 11 1939

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

Do not use this space.

3139

1. PLACE OF DEATH
County Thurgis Registration District No. 567
Township Wolf Island Primary Registration District No. 5565767
City Wolf Island St. _____ Ward _____
2. FULL NAME Lidney Goodie Registered No. 14
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) Wolf Island (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

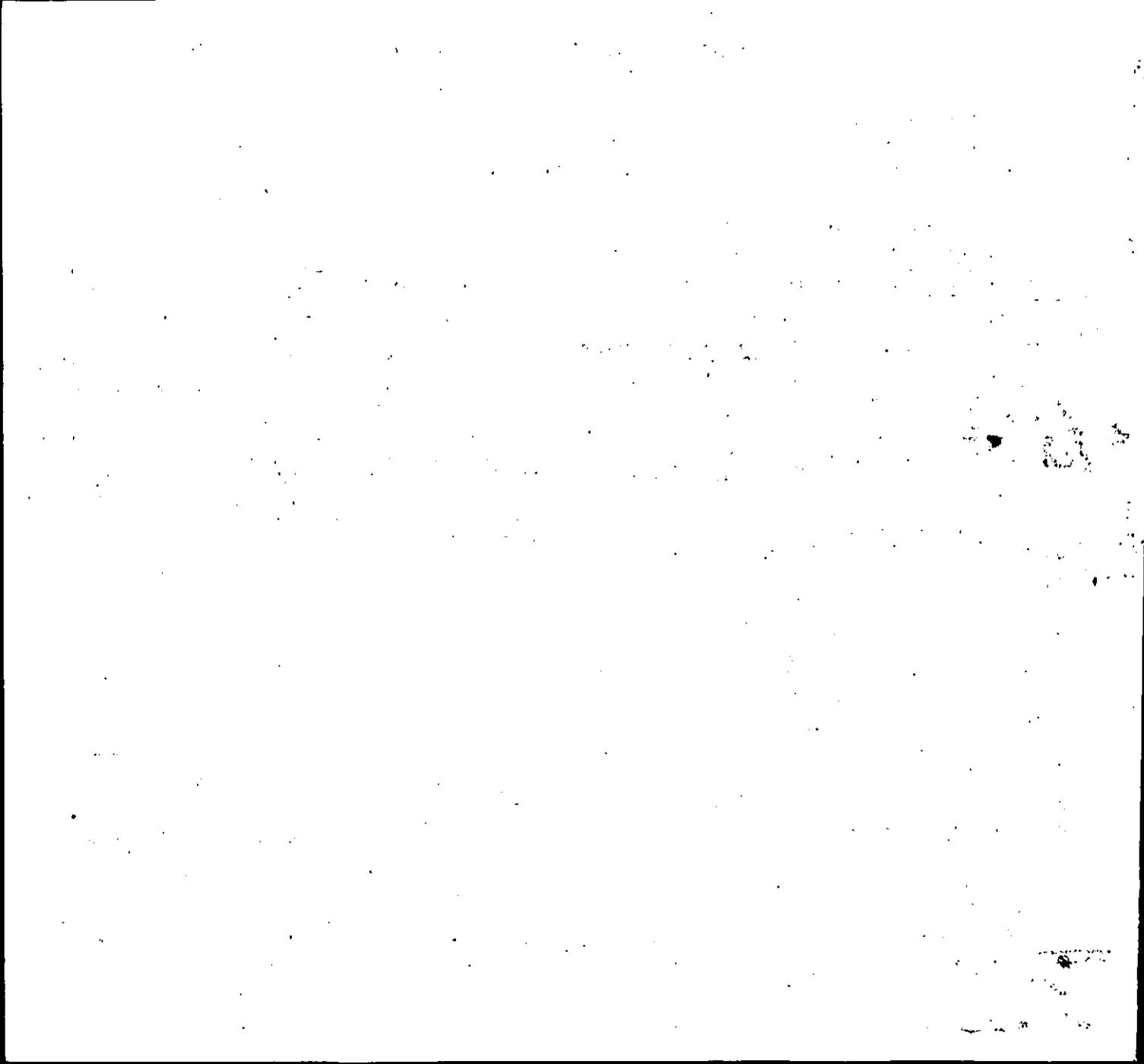
PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH 6 P.M.

3. SEX M 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) near 1884
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
near 54
8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Farmer
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) Wolf Island Mo.
13. NAME Howard Goodie
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
15. MAIDEN NAME Pess Vaughn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT Mary Webster
(ADDRESS) Wolf Island Mo.
18. BURIAL, CREMATION OR REMOVAL PLACE Oak Grove Cemetery DATE Jan 13 39
19. UNDERTAKER Frank's Funeral Service
(ADDRESS) Charleston Mo.
20. FILED 1-31- 1939 Frank D. Brown Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11 A. 1939
22. I HEREBY CERTIFY, THAT I attended deceased from near 1938, to Jan 11, 1939
I last saw him alive on Dec 27, 1938 Death is said to have occurred on the date stated above, at 6 m.
The principal cause of death and related causes of importance were as follows:
Sarcosis Maxillary bone.
Date of onset
Other contributory causes of importance: 57'
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 Dr. Martin, M. D.
(Signed) _____ (Address) East Prairie

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



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Mississippi Registration District No. 367
(b) Township Wolf Island Primary Registration District No. 5767
(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 _____ mos. ds. (f) How long in U.S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME Sidney Goodin

(a) Residence, No. Wolf Island 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 6 P.M.

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) near 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
near 54

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
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) Mississippi

FATHER 13. NAME Howard Goodin

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

MOTHER 15. MAIDEN NAME Puss Vaughan

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

17. INFORMANT (ADDRESS) Mary Webster
Wolf Island

18. BURIAL, CREMATION, OR REMOVAL PLACE Col Grove DATE 13 1939

19. FUNERAL DIRECTOR (ADDRESS) Frank P. ...
Charleston, Mo.

20. FILED 3-22 1939 Mrs. O. ...
Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-11 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 22 1938 to 6-11 1939.
I last saw him alive on Dec 22 1939. Death is said to have occurred on the date stated above, at 6 P.M.
The principal cause of death and related causes of importance were as follows:

peritonitis
Bone
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? _____
(Signed) P. Martin, M. D.
(Address) East Prairie, Mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

