REC'D MAR 9 1939

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

Do not use this space.

File No. 6697

Registered No.

Registration District No. 384

Primary Registration District No. 5535

1. PLACE OF DEATH
County Howell 1
Township Howell
City ~~West Plains~~ (No. 350 St. Ward)

2. FULL NAME Lillie May Goodwin

(a) Residence, No. Rover Rt. West Plains St. Mo. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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: Oliver J. Goodwin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 7 1883

7. AGE: Years 55 | Months 8 | Days 10 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At home
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): Howell Co. Mo

FATHER
13. NAME: Jack McCain
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown ?

MOTHER
15. MAIDEN NAME: Julia Bacon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown ?

17. INFORMANT (ADDRESS): Mrs. Dora Stalcup West Plains Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valley Cem DATE Feb 14 1939

19. UNDERTAKER (ADDRESS): TO LEONARD H. SULLENS WEST PLAINS, MO.

20. FILED 2-14 1939 Vida N. Simons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1926, to Feb 12, 1939
I last saw her alive on Dec 3, 1938. Death is said to have occurred on the date stated above, at 10:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pellagra	
62	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Exam Was there an autopsy? no

22. 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) E. C. Dohrer M. D.
344 (Address) West Plains 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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