

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.

850 APR 7 1939

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

11632
Do not use this space.

1. PLACE OF DEATH 2

(a) County Montgomery Registration District No. 692

(b) Township 1 Primary Registration District No. 4300 Registered No. 7

(c) City Montgomery (d) Street No. _____ St.

(e) Length of residence in city or town where death occurred 10 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME Mrs Belle Goodman

(a) Residence, No. Montgomery City Mo 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/11/1853

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	86	I	6 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. Home

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) Williamsburg Mo

FATHER

13. NAME Richard Keele

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no

MOTHER

15. MAIDEN NAME Maria Sailor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No

17. INFORMANT Mrs Mary Wood
(ADDRESS) Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Montg. City Cem DATE 3/17/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. W. Hopkins
Montgomery City Mo

20. FILED Mar 17 1939 Bull Meador
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/16/39

22. I HEREBY CERTIFY, That I attended deceased from 3/5 1939, to 3/16 1939

I last saw her alive on 3/14 1939 Death is said to have occurred on the date stated above, at 4am

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

Bronchopneumonia Date of onset 3/1/39

Influenza 2/27/39

Other contributory causes of importance: Chronic Inter Nephritis eyes

Name of operation _____ Date of _____

What test confirmed diagnosis _____ 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? No

If so, specify _____

(Signed) A. A. Maryon Mo

(Address) Wellsville, Mo

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, on the 16 th
day of March 1939

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

Signed.....

Licensed Embalmer No. 1487

P. O. Address Montgomery City Mo

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.