

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.

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

Do not use this space.

AUG 15 1935

22400

1. PLACE OF DEATH

County Cass
Township Archie
City (No.)

Registration District No. 147
Primary Registration District No. 5310

File No.
Registered No. 9
St. Ward

2. FULL NAME Wm Edwin Goodbar

(a) Residence, No. St. Ward.
(Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17 - 1970

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 11 3

8. Trade, profession, or particular kind of work done, as spinner, 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) Eight miles Mo

13. NAME Newton Goodbar

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

15. MAIDEN NAME Sarah Murray

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

17. INFORMANT Mrs Eva L Goodbar (ADDRESS) Archie, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crescent Hill DATE July 22, 1935

19. UNDERTAKER Atkinson Theobald (ADDRESS) Archie, Mo.

20. FILED July 22, 1935 Dr. B. B. Taut Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1935 to July 20, 1935

I last saw him alive on July 20, 1935. 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:

Aortic Insufficiency
Possibly of long standing, had an attack of Angina Pectoris the 18. Also had intestinal
Other contributory causes of importance: flue at time of death.

Date of onset

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? NO
If so, specify

(Signed) B. B. Taut, M. D.
(Address) Archie, Mo.

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1/2

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Handwritten text, possibly a date or reference number, oriented vertically.

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Handwritten text, possibly a name or title.

10

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