

N. B. - Every item of information should be carefully supplied. All 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.

NOV 20 1940

1. PLACE OF DEATH:  
 (a) County Madison  
 (b) City or town Farmal Liberty Mo.  
 (c) Name of hospital or institution: None  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2  
 In this community Life (Specify whether past, present or both)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Madison  
 (c) City or town Farmal Liberty  
 (d) Street No. Sage Community  
 (e) If foreign born, how long in U. S. A. 30 yrs.

3. (a) PRINT FULL NAME MARGARET ELIZABETH GOAD

3. (b) If veteran same war 3. (c) Social Security No

4. Sex Female 4. Color White 4. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James Goad 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased October 1, 1878  
 (Month) (Day) (Year)

8. AGE: Years 62 Months 0 Days 22 (If less than one day)

9. Birthplace Tennessee (City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business None

12. Name Taylor Whittaker

13. Birthplace Tennessee (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edna Wilson (b) Address Sage, Mo.

17. (a) Burial (b) Date buried 10/26/1940  
 (Month) (Day) (Year)

(c) Place: burial or cremation Beulah Madison, Co.

18. (a) Signature of funeral director Ed. H. Webb (b) Address Fredericktown, Mo.

19. (a) 11/24/1940 (b) S. C. C. Registrar  
 (Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23  
 year 1940 hour 7 minutes 30 A.M.

21. I hereby certify that I attended the deceased from Jan 1940  
 to Oct 23 1940  
 that I last saw her alive on Oct-21- 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Ball Struck

Due to 11/11

Due to 11/11

Other conditions Fatigue After  
 (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence L

(c) Where did injury occur? L (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, or public place?  
 While at work? L (Specify type of place) (e) Manner of injury L

23. Signature M. B. Basler (M. D. certifier)  
 Address Fredericktown, Mo. Date signed 11/24/40

Physician  
 Decline the name to which death should be charged as stated