

FILED FEB 25 1947

Primary Registration District No. 5746

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County: Madison

(b) City or town: Rural  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Caldwate, Mo. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In Hospital or Institution  
(Specify whether)

In this community: 30 years  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Madison

(c) City or town: Rural  
(If outside city or town limits, write "RURAL")

(d) Street No.: Caldwate, Mo  
(If rural, give location)

(e) Citizens of foreign country? No (Yes or No)  
If yes, indicate country

3. FULL PRINT NAME: VENA BELL GOAD

4. (a) If veteran, None (b) Social Security No. None

5. (a) Sex: F (b) Color or race: W (c) (i) Single, widowed, married, divorced: Married

6. (a) Name of husband or wife: George (b) (i) Age of husband or wife if alive: 60 years (ii) Date of death: July 23 1892 (Month) (Day) (Year)

7. Birth date of deceased: July 23 1892 (Month) (Day) (Year)

8. AGE: Years 54 Months 6 Days 6 If less than one day, in hrs. mins.

9. Birthplace: Saco, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: None

MOTHER FATHER

12. Name: Joyner W. Huber

13. Birthplace: Unknown, Texas (City, town, or county) (State or foreign country)

14. Maiden name: Unknown

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

16. (a) Informant: George Goad (b) Address: Caldwate, Mo.

17. (a) Removal (b) Date thereof: 1-30-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Caldwate, Mo.

18. (a) Signature of federal doctor: Sam W. J. [Signature] (b) Address: Federicktown, Mo. (c) Date: 1-30-1947 (d) Signature of Registrar: [Signature] (e) Date: 1-30-1947

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29 year 1947 at 11 o'clock P.M.

21. I hereby certify that I attended the deceased from Jan 29 1947 to Jan 29 1947 and that death occurred on the 6th hour stated above.

Immediate cause of death: Acute streptococcal meningitis with cerebral hyperextension of jugular veins

Due to: \_\_\_\_\_

Other conditions: \_\_\_\_\_ (Include pregnancy within month of death)

Major findings: 9210 Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

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

(a) Accident, suicide, or homicide (specify): \_\_\_\_\_

(b) Date of occurrence: \_\_\_\_\_

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury: \_\_\_\_\_

23. Signature: O. A. [Signature] (M. D. or other) Address: Caldwate, Mo. Date signed: 1-29-47

PHYSICIAN  
Underline the cause to which death should be attributed statistically.