

CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA  
DEPARTMENT OF HEALTH SERVICES

G-350  
1. PLACE OF DEATH: DIST. NO. 1901  
COUNTY OF LOS ANGELES  
CITY, TOWN OR RURAL DISTRICT OF LOS ANGELES  
2. FULL NAME EMMA RAY GOODNO  
RESIDENCE: No. 1403 W. 51ST PLACE,  
ST. 40 008870

STATE OF CALIFORNIA  
DEPARTMENT OF PUBLIC HEALTH  
VITAL STATISTICS  
STANDARD CERTIFICATE OF DEATH

009  
3188  
2061  
LOCAL REGISTRAR NO. 1403 W. 51ST PLACE

3. SEX FEMALE  
4. COLOR OR RACE CAUC.  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED? (WRITE THE WORD) WIDOWED.  
6. IF MARRIED, WIDOWED OR DIVORCED, NAME OF HUSBAND OR WIFE HARRY C. GOODNO  
7. DATE OF BIRTH FEBR. 8, 1867.  
8. AGE 73 YR. 0 MO. 1 DAYS. IF LESS THAN ONE DAY HRS. MIN.  
9. TRADE, PROFESSION OR KIND OF WORK DONE AS SPINNER, SAWYER, BOOKKEEPER, ETC. UNK.  
10. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILKMILL, SAWMILL, BANK, ETC. UNK.  
11. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MO. AND YR.)  
12. TOTAL YEARS SPENT IN THIS OCCUPATION

22. DATE OF DEATH FEB. 9 1940  
23. MEDICAL CERTIFICATE OF DEATH  
I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 1930  
FEB. 9 - 1940  
THAT I LAST SAW HIM ALIVE ON FEB. 9 - 1940  
AND THAT DEATH OCCURRED ON THE ABOVE STATED DATE AT THE HOUR OF 6:30 P. M.  
24. CORONER'S CERTIFICATE OF DEATH  
I HEREBY CERTIFY, THAT I TOOK CHARGE OF THE REMAINS DESCRIBED ABOVE, HELD AN INQUEST, AUTOPSY OR INQUIRY THEREON, AND FROM SUCH ACTION FIND THAT SAID DECEASED CAME TO HIS DEATH ON THE DATE STATED ABOVE.

2. BIRTHPLACE (CITY OR TOWN) MORRISTOWN,  
STATE OR COUNTRY OHIO.  
13. NAME WILLIAM MEAD  
14. BIRTHPLACE (CITY OR TOWN) UNK.  
STATE OR COUNTRY OHIO.  
15. MAIDEN NAME MARTHA HAMILTON,  
16. BIRTHPLACE (CITY OR TOWN) UNK.  
STATE OR COUNTRY OHIO.  
A. CITY, TOWN OR RURAL DISTRICT OF DEATH 14 YRS. NOS. DAYS  
B. IN CALIFORNIA 14 YRS. NOS. DAYS  
C. IN U.S., IF OF FOREIGN BIRTH YRS. NOS. DAYS

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE, IN ORDER OF ONSET, WERE AS FOLLOWS:  
Acute myocardial infarction 2-9-40  
with pulmonary edema  
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: yes  
Chronic myocardial infarction  
IF OPERATION, DATE OF no WAS THERE AN AUTOPSY? no  
CONDITION FOR WHICH PERFORMED  
NAME LABORATORY TEST CONFIRMING DIAGNOSIS

18. INFORMANT (SIGNATURE) W. H. GOODNO,  
ADDRESS 1403 W. 51ST PLACE  
19. BURIAL, CREMATION OR REMOVAL? BURIAL.  
PLACE INGLEWOOD MAUSOLEUM. DATE 2-12-40

25. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN THE FOLLOWING:  
ACCIDENT, SUICIDE OR HOMICIDE. DATE OF INJURY  
INJURED AT CITY OR TOWN OF COUNTY AND STATE OF  
DID INJURY OCCUR IN HOME, INDUSTRY, OR PUBLIC PLACE?  
MANNER OF INJURY  
NATURE OF INJURY

20. EMBALMER { LICENSE NO. 1472  
SIGNATURE Elmer Gault  
FUNERAL DIRECTOR PIERCE BROTHERS,  
ADDRESS 720 W. WASHINGTON BLVD.

26. IF DISEASE/INJURY RELATED TO OCCUPATION, SPECIFY no  
27. SIGNATURE George Blumenthal M.D.  
ADDRESS 1508 W. Santa Barbara

21. FILED FEB 13 1940 George Tarnish REGISTRAR  
DATE REGISTERAR  
BY G. W. [Signature] LOCAL REGISTRAR

28. WHEN REQUIRED BY LAW CORONER  
COUNTY OF



This is to certify that this document is a true copy of the official record filed with the Office of Vital Records and Statistics.  
S. Kimberly Belshé, Director and State Registrar of Vital Records and Statistics  
by: Michael Davis  
MICHAEL DAVIS, CHIEF  
OFFICE OF VITAL RECORDS AND STATISTICS  
DATE ISSUED JUL 21 1995  
This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

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