

1 PLACE OF DEATH

TEXAS STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATHReg. Dis. No. **36277** B. O. V. S.Registered No. **2047** FORM **D**County HarrisCity Houston, Texas (No. 1st, Hospital St., _____ Ward)2 FULL NAME Marvin Mardo Goodwin (a) RESIDENCE, NO. 1102 St., BrazosLength of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

6 DATE OF BIRTH

January 17, 1901
(Month) (Day) (Year)

7 AGE

If less than 2 years state if breast fed

34 yrs. 9 mos. 4 ds. If less than 1 dayYes No hrs. _____ mins.

8 OCCUPATION

(a) Trade, profession or particular kind of work Base Ball
(b) General nature of industry, business or establishment in which employed (or employer) _____

9 BIRTHPLACE

(State or country)

Richmond Va.

10 NAME OF FATHER

P.M. Goodwin

11 BIRTHPLACE OF FATHER

(State or country)

Gordonsville, Va.

12 MAIDEN NAME OF MOTHER

Susie May Boughan

13 BIRTHPLACE OF MOTHER

(State or country)

Richmond Va.

PARENTS

14 THE ABOVE IS TRUE

(Informant) H.A. Goodwin,(Address) 1102 BRAZOS, City.

15

Filed OCT 29 1925 _____ 192_____J.M. McDonald
Registrar.

MEDICAL PARTICULARS

16 DATE OF DEATH

October 21, 1925
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

10/18, 1925, to 10/21, 1925that I last saw him alive on 10/21, 1925and that death occurred on the date stated above, at F.O.S. 2

The CAUSE OF DEATH* was as follows:

Fracture at base of skull
aeroplane accident
(duration) _____ yrs. _____ mos. 3 ds.Contributory Multiple fracture of limbs
(Secondary) _____

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted

If not at place if death? _____

Did an operation precede death? NO Date of _____Was there an autopsy? noWhat test confirmed diagnosis? XRAY(Signed) James R. Bort M. D.Oct. 21, 1925. (Address) City.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

19 PLACE OF BURIAL OR REMOVAL

Gordonsville, Va.

DATE OF BURIAL

Oct. 22, 1925

20 UNDERTAKER

Settler-Ropf Co.

ADDRESS

1211 Main.