

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

Do not use this space.

1457

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Law Primary Registration District No. 1002 File No. 187
 City Wrens (No. Edwards) Registered No. 187 St. _____ Ward _____

2. FULL NAME Dovie Goodson
 (a) Residence, No. Carrollton St. _____ Ward. CARROLLTON MO.
 (Usual place of abode) (If nonresident, give city or town and State)
 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Fe</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Guy Goodson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE YEARS <u>35</u>	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
13. NAME <u>unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
15. MAIDEN NAME <u>unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT (ADDRESS) <u>Guy Goodson</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Carrollton</u> DATE <u>Jan 11 33</u>		
19. UNDERTAKER (ADDRESS) <u>W. B. Henderson</u>		
20. FILED <u>1-12-33</u> <u>M. M. Crowe</u> Registrar		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11 1933

22. I HEREBY CERTIFY That I attended deceased from Jan 3 1933 to Jan 11 1933
 I last saw her alive on Jan 11 1933 Death is said to have occurred on the date stated above, at 11 P.M. m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia lobar
Right lower
48
104
48
 Other contributory causes of importance:
Carcinoma cervix uteri

Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? YES

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) Edward H. Skinner M. D.
 (Address) 1532 Prof. Bldg. K. C. Mo.

Date of onset
Jan 5 1933

WRITE PLAINLY, WITH UNFADING INK.--THIS IS A PERMANENT RECORD

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.

