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

—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.

JUL 23 1931

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

Do not use this space.

20797

File No.

Registered No. 58

1. PLACE OF DEATH

County: Carroll

Township: Trotter

City: (No. , St. Ward)

Registration District No. 135

Primary Registration District No. 5792

2. FULL NAME: Finess Goodson

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 13, 1879

7. AGE: Years 51 Months 8 Days 5 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

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):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carroll County Mo.

FATHER

13. NAME: James Goodson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carrollton Mo.

MOTHER

15. MAIDEN NAME: Susan Gregory

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carroll County Mo.

17. INFORMANT (ADDRESS): John Goodson Carrollton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Trotter Cem. DATE: June 21, 1931

19. UNDERTAKER (ADDRESS): Standley Funeral Home Carrollton, Mo.

20. FILED: 6/19, 1931 Mrs E. E. Farnham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-18, 1931

22. I HEREBY CERTIFY, That I attended deceased from 6-15, 1931, to 6-18, 1931

I last saw him alive on 6-18, 1931. Death is said to have occurred on the date stated above, at 11:50 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of left Kidney — Date of onset about Nov. 1930

51A 51A

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy? No

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?

If so, specify:

(Signed) R. V. Cowherd D.O. ~~M. D.~~

(Address)