

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

Do not use this space.

30294

1. PLACE OF DEATH

County Carroll
Township Roller
City (No.) (St. Ward)

Registration District No. 135
Primary Registration District No. 5192

File No.
Registered No. 98

2. FULL NAME

Ira Goodson

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-4-1867

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>62</u>	<u>6</u>	<u>9</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Carroll Co. Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Wm Goodson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Carroll Co. Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Louise Snider

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Carroll Co. Mo
(STATE OR COUNTRY)

PARENTS

14. INFORMANT Lucille Smith
(Address) Shelbina Mo

15. FILED 9/14 1929 Mrs E. E. Farnsworth REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-13 1929

17. I HEREBY CERTIFY, That I attended deceased from 9-1-29, 19... to 9-13, 1929, that I last saw him alive on 9-13, 19... and that death occurred, on the date stated above, at 7:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Nephritis
930
(duration) 2 yrs. mos. ds.
CONTRIBUTORY Myocarditis
(SECONDARY)
(duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. S. Newrad, M. D.
9/14, 1929 (Address) Carrollton, Mo

*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, CREMATION, OR REMOVAL

Oak Hill

DATE OF BURIAL

9-15 1929

20. UNDERTAKER

Stanley

ADDRESS

Carrollton

WRITE PLAINLY, WITH FADING 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.

