

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

Do not use this space.

35024

1. PLACE OF DEATH
 County Carroll Registration District No. 133
 Township Roller Primary Registration District No. 5192
 City.....(No)..... St..... Ward.....
 2. FULL NAME Otto Goodson
 (a) Residence, No..... St..... Ward.....
 (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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sue Stator
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-24-1894
 7. AGE YEARS 38 MONTHS 1 DAYS 21 If LESS than 1 day,hrs. ormin.
 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 Guy Goodson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll County, Mo
 MOTHER 15. MAIDEN NAME Doris Tomlin
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll County, Mo
 17. INFORMANT (ADDRESS) Guy Goodson, Carrollton, Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Sak Hill Cem. DATE Nov. 16 1932
 19. UNDERTAKER (ADDRESS) Standley, Carrollton, Mo
 20. FILED 11-17-1932 ma E. S. Farham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14 1932
 22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....
 I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 2:00 A.M.
 The principal cause of death and related causes of importance were as follows:
stroke
Apoplexy
 Other contributory causes of importance:
gla
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....
 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..... **(5)**
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify.....
 (Signed) E. A. Pickerson M. D.
Boysard M.D.

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.

