

DEC 20 1930

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

Do not use this space.

35558

1. PLACE OF DEATH

County CarrollRegistration District No. 135-Township CarrolltonPrimary Registration District No. 3020City Carrollton (No.)File No. Registered No. 98St. Ward)

2. FULL NAME

(a) Residence. No. Richard F Goodson 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 <u>M</u>	4. COLOR OR RACE <u>Col.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Jane Poller</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>9-24-1850</u>				
7. AGE	YEARS <u>80</u>	MONTHS <u>1</u>	DAYS <u>13</u>	If LESS than 1 day, <u> </u> hrs. or <u> </u> min.

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

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

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Carrollton Mo
(STATE OR COUNTRY)14. INFORMANT Mrs. Harry Calimese
(Address) Carrollton Mo15. FILED 11-8, 1930 Mrs. E. E. Faulham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-6-193017. I HEREBY CERTIFY, That I attended deceased from 11-1-28, 1928, to 11-6-1930, 1930 that I last saw him alive on 11-6-1930, 1930 and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

52A

97 (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Atherosclerosis
(duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF BIRTH AtDID AN OPERATION PRECEDE DEATH? No DATE OF WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. B. Dwyer M. D.11-8, 1930 (Address) Carrollton Mo

*State the DISEASE CAUSING DEATH, or if 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

DATE OF BURIAL

African Oak Hill 11-9-1930

20. UNDERTAKER

ADDRESS

Standley's Carrollton Mo

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.

