

APR 2 1930

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

Do not use this space.

8002

1. PLACE OF DEATH

County Carroll
Township Trotter
City Carrollton

Registration District No. 135
Primary Registration District No. 5192

File No.
Registered No. 19 St. Ward)

2. FULL NAME

Sarah Catherine 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 F 4. COLOR OR RACE W 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) 9-11-1909

7. AGE YEARS MONTHS DAYS IT LESS than 1 day, hrs. or min. 20 5 20

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work At Home (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 Rolf Goodson

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

12. MAIDEN NAME OF MOTHER Mary Woodson

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

14. INFORMANT Rolf Goodson (Address) Carrollton, Mo

15. FILED 3-3 1930 ms E. E. Farnham REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-3 1930

17. I HEREBY CERTIFY, That I attended deceased from 2-1 1930 to 2-27 1930 that I last saw h. u alive on 2-27 1930 and that death occurred, on the date stated above, at 3 6 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Epilepsy

(duration) 12 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 78 (duration) 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) William J. Atwood M. D. 3/3 1930 (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 Trotter Cem. DATE OF BURIAL 3-4 1930

20. UNDERTAKER Stanley ADDRESS Carrollton

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.

