

MAY 23 1935

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

Do not use this space.

12181

## 1. PLACE OF DEATH

County Carroll  
Township Carrollton  
City Carrollton (No. ....)

Registration District No. 135  
Primary Registration District No. 3010

File No. ....  
Registered No. 51  
St. .... Ward

## 2. FULL NAME

Thomas Benton 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 OF (OR) WIFE OF Mollie Hudson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-16-1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
87 5 4

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Banker

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 Co. Mo.

13. NAME Thomas O. Goodson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Nancy Trotter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs. Robt Brown Carrollton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE 4-22 1935

19. UNDERTAKER (ADDRESS) Standley Carrollton Mo.

20. FILED 4-22 1935 Pitts. Arkansas Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 20. 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 18 1935 to Apr 20 1935

I last saw him alive on April 20 1935. Death is said to have occurred on the date stated above, at 10:42 am

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

Senility - Date of onset

A general decline

Other contributory causes of importance: 162

Name of operation. .... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? .... Date of injury .....

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? Yes

If so, specify.....

(Signed) R. J. Cook, M. D.  
(Address) 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.

