

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

Do not use this space.

29004

**1. PLACE OF DEATH**

County Carroll Registration District No. 136  
 Township Duwell Primary Registration District No. 3194  
 City Bonnie L. Goalsby (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-10-33</u>		
7. AGE	YEARS	MONTHS
	<u>X</u>	<u>1</u>
		DAYS
		<u>19</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>X</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>X</u>
	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) <u>Carroll Co Mo</u>		
FATHER	13. NAME <u>Wirt Goalsby</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kennett Mo</u>	
MOTHER	15. MAIDEN NAME <u>Mary Wallace</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carroll Co Mo</u>	
17. INFORMANT (ADDRESS) <u>Mrs Rorea Wallace Carrollton, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cathedral Cem</u> DATE <u>9-29-33</u>		
19. UNDERTAKER (ADDRESS) <u>Wells Funeral Home Carrollton Mo</u>		
20. FILED <u>Sept 33</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-29-33

22. I HEREBY CERTIFY, That I attended deceased from 8-10-1933 to 9-28-1933. I last saw him alive on 9-28-1933. Death is said to have occurred on the date stated above, at 3 a. m. The principal cause of death and related causes of importance were as follows:

Intestinal infection  
1193

Other contributory causes of importance: 1193

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 \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_ (Signed) R Hamilton Stearns M. D. (Address) Carrollton Mo

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.

OCT 29 1933

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