

23 1928

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

Do not use this space.

9542

1. PLACE OF DEATH

County Johnson.
Township Warrensburg.
City Warrensburg.

Registration District No. H31
Primary Registration District No. 3023

File No.
Registered No.
St. Ward)

2. FULL NAME

Mrs. HAZEL GOODSON.

(a) Residence. No. 703, S. Holden St. 3 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Mr. Smith Goodson.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 6, 1871.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
46 ✓ 6 ✓ 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Factory Help
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) VA.
(STATE OR COUNTRY)

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Ben R. Craig
(Address) Warrensburg. Mo.

15. FILED 3-15-28 W. R. Patterson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 15, 1928.

17. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1928, to March 5, 1928 that I last saw h.s. alive on March 15, 1928, and that death occurred, on the date stated above, at 8 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Liver
4 1/2 months (duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) None known
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: exploratory incision

DID AN OPERATION PRECEDE DEATH? yes DATE OF 7-6-10-28

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? exploratory incision

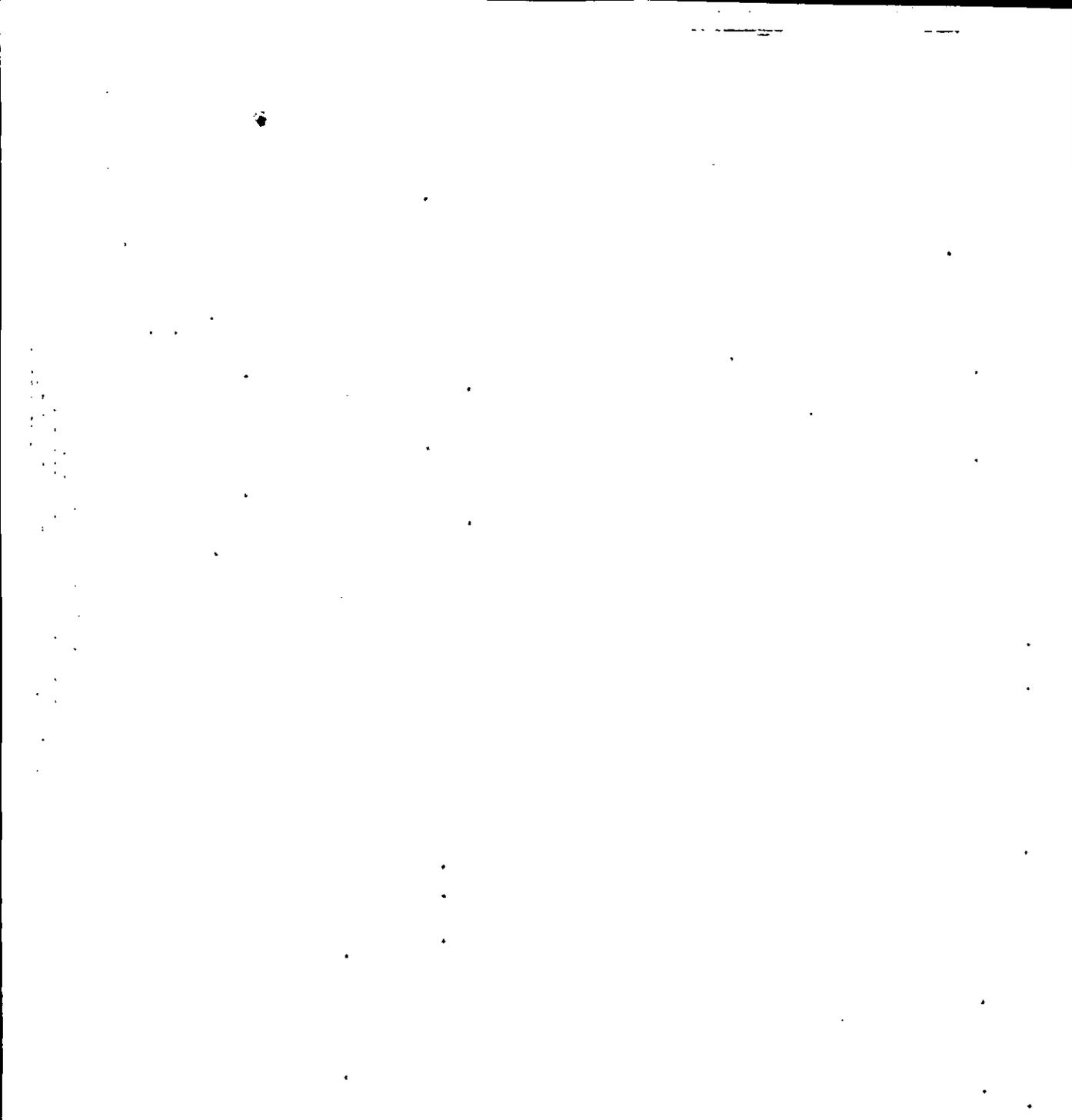
(Signed) W. R. Patterson, M. D.
3-17, 1928 (Address) Warrensburg Mo

*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 Sunset Hill DATE OF BURIAL Mar. 16, 1928.

20. UNDERTAKER R. Q. Phillips ADDRESS Warrensburg MO.

57-23-9



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Johnson Registration District No. 431 File No.
 Township Primary Registration District No. 2023 Registered No.
 City Warrensburg (No.) St. Ward)

2. FULL NAME Hazel Godson

(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 M (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 6-1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
46 5 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
 (STATE OR COUNTRY)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

15. FILED 19. Mr R. Peterson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 15 1928

17. I HEREBY CERTIFY, That I attended deceased from to 19....., 19..... that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY) (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)....., M. D.
 , 19 (Address)

*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 DATE OF BURIAL

20. UNDERTAKER ADDRESS

ALL NOT BE RECORDED FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-9542