WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 23 1931

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

Do not use this space.

20797

1. PLACE OF DEATH

19

County Carroll — Registration District No. 135

Township Trotter — Primary Registration District No. 5192

City ..... (No. ....., ... St. ..... Ward)

File No. .....

Registered No. 58

2. FULL NAME Finess Goodson

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 13, 1879

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
51	8	5	

OCCUPATION

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

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

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 County Mo. /

FATHER

13. NAME James Goodson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrollton Mo.

MOTHER

15. MAIDEN NAME Susan Gregory

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll County Mo.

17. INFORMANT (ADDRESS) John Goodson Carrollton, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Trotter Cem. DATE June 21, 1931

19. UNDERTAKER (ADDRESS) Standley Funeral Home Carrollton, Mo.

20. FILED 6/19 1931 Mrs E E Farnham Registrar.

MEDICAL CERTIFICATE OF DEATH

/

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-18, 1931

22. I HEREBY CERTIFY, That I attended deceased from 6-15-, 1931, to 6-18-, 1931

I last saw him alive on 6-18-, 1931. Death is said to have occurred on the date stated above, at 11:50 p.m.

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

	Date of onset
Carcinoma of left Kidney	about Nov. 1930
51A	
51A	

Other contributory causes of importance

8

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

What test confirmed diagnosis? ..... Was there an autopsy? no

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. V. Cowherd D.O. ~~M. D.~~

(Address) .....