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. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 22 1931

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

Do not use this space.

27645

1. PLACE OF DEATH
County: Caldwell
Township: Gomer
City: ..... (No. ..... St. ..... Ward)

Registration District No.: 96
Primary Registration District No.: 5148

File No.:
Registered No.: 27

2. FULL NAME: Cary May Goodman

(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 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
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): Aug 16 1929

7. AGE: Years 1 | Months 11 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ✓
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): Vanwert Iowa

FATHER
13. NAME: Ray Goodman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Breckenridge Mo

MOTHER
15. MAIDEN NAME: Mosine Bowers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nettleton Mo

17. INFORMANT (ADDRESS): Ray Goodman Nettleton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Weaver Cemetery DATE: Aug 2 1931

19. UNDERTAKER (ADDRESS): T. T. McBeth Breckenridge Mo.

20. FILED: Aug 5 1931 Merle Brown, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): ~~July 31~~ Aug 1 1931

22. I HEREBY CERTIFY, That I attended deceased from July 30 1931, to Aug 1 1931
I last saw h. alive on Aug 1 1931. Death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Dermatitis Calorica Soles & both feet burned off walked through a bed of live coals. At home	

Other contributory causes of importance:
Injection and shock

Name of operation: No Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury: Aug 30 1931
Where did injury occur? Nettleton Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In yard at home
Manner of injury: Ran over bed of live coals
Nature of injury: Burns

24. Was disease or injury in any way related to occupation of deceased? ✓
If so, specify

(Signed) E. A. Thompson, M. D.
(Address) Breckenridge Mo