

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City (No. **3rd Route City Dept #2**) St. Ward)

File No. **24570**
 Registered No. **5957**

2. FULL NAME

Christena Gooden, alias Christena Jones
 (a) Residence, No. **2745 Cuyana** St. **W** Ward. (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 **Female** 4. COLOR OR RACE **col** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **widow**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 23 1884**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 10 20

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. **Housekeeper**
 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) **ala**

13. NAME **Edmon Simpson**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ala**

15. MAIDEN NAME **Sarah Simpson**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ala**

17. INFORMANT (ADDRESS) **Sarah Gooden**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington** DATE **July 19 1933**

19. UNDERTAKER (ADDRESS) **Wagon and Street**

20. FILED **7-19-33** **J. P. Bretnick** Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 4 1933**

22. I HEREBY CERTIFY, That I attended deceased from **no physician in attendance** 19... to 19...

I last saw him alive on 19... Death is said

to have occurred on the date stated above, at **9:05** m.

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

170
Shot wounds of right lung and liver with hemorrhage
 Other contributory causes of importance: **Homicide**

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? **Homicide** Date of injury **7/4 1933**

Where did injury occur? **at home** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

In home

Manner of injury **shot by person**

Nature of injury **shot wounds of R lung and liver**

24. Was disease or injury in any way related to occupation of deceased? **Yes**

If so, specify **at home**

(Signed) **Sarah Gooden**

(Address) **Deputy Sheriff**

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.

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7/6/33

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