

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

PLACE OF DEATH Newport
 County Newport Registration District No. 1046 File No. 5549-a
 Township Shoal Creek or RD #3 Jasper Mo Primary Registration District No. 5810 Registered No. 17
 Village _____ or _____ St. _____ Ward _____
 City _____
 FULL NAME Lloyd Goodson

[If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED Single
 (Write the word)
 DATE OF BIRTH June 15, 1909
 (Month) (Day) (Year)
 AGE 4 yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?

DATE OF DEATH Feb 7, 1914
 (Month) (Day) (Year)
 I HEREBY CERTIFY, that I attended deceased from Feb 6, 1914, to Feb 6, 1914,
 that I last saw him alive on Feb 6, 1914,
 and that death occurred, on the date stated above, at 7 A. m.
 The CAUSE OF DEATH* was as follows:

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

12% B Locked Bowel Impacted Colon

BIRTHPLACE (City or town, State or foreign country) Jasper Co Mo.

PARENTS
 NAME OF FATHER Laurance Goodson
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Osage Co Mo.
 MAIDEN-NAME OF MOTHER Mary Molder
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Osage Co Mo.

(Duration) _____ yrs. _____ mos. _____ ds.
 Contributory (SECONDARY) 109
 (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) M T Bailey M. D.
Feb 7, 1914 (Address) Jasper

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Laurance Goodson
 (ADDRESS) RD #3 Jasper Mo

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
 At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
 Where was disease contracted if not at place of death? _____
 Former or usual residence _____

Filed Feb 7, 1914 J. H. ... REGISTRAR

PLACE OF BURIAL OR REMOVAL Harmon ... DATE OF BURIAL Feb 8, 1914
 UNDER TAKER W H ... ADDRESS Jasper Mo

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.

