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

Do not use this space.

15736

File No. ____

Registered No. 155

1. PLACE OF DEATH

County: Marion — Registration District No.: 547

Township: Mason — Primary Registration District No.: 3027

City: Hannibal (No. 613 Broadway St. 3 Ward)

2. FULL NAME: Charles Louis Goodman

(a) Residence. No. 2220 Broadway St., 6 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 25-1878

7. AGE: Years 48 — Months 5 — Days 15 — If LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Confectionary Store
(b) General nature of industry, business, or establishment in which employed (or employer): ____
(c) Name of employer: Prop.

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

PARENTS

10. NAME OF FATHER: Don't Know

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: Minnie Goodman
(Address): Hannibal Mo.

15. FILED 5/11-27 — C. E. Hirsle, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 10 - 1927

17. I HEREBY CERTIFY, That I attended deceased from ____, 19____, to ____, 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: Probably Gun Shot. Inquest Pending

(duration) yrs. mos. ds.

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? ____

5-11 (Signed) Chas. R. Scott Coroner M.D.

(Address) Marion Co 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: Riverside Cemetery — DATE OF BURIAL: May 12 1927

20. UNDERTAKER: Schwartz Funeral Home — ADDRESS: Hannibal

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.

Exact Coppy of JURY VERDICT. in Chas L. Goodman case

We The Jury Having been Duly Sworn and Affirmed by Chas R Scott Coroner of marion co mo Diligently to Inquire and Due Presentment make as to what manner and by whom Chas L. Goodman came to his death age 48 yrs white male married after Due Consideration and Evidence Given finds Deceased came to his death by Gun Shot wounds

Signed
Mat Quirk Foreman
Wm True
Geo W. Carson
J. H. Holdridge
Frank Crowt
H. L. Rigg

Chas R Scott Coroner
Marion Co mo May 10th 1927

STATEMENT OF FEES AND EXPENSES.

Inquest on dead body of.....

which was found at ..... on 192

~~Fees Due Wm. M. Smith,~~ Coroner of Marion County.

For viewing body ..... $ 5

For issuing warrant for summoning jury.....

For swearing jury of inquest.....

For issuing.....subpoenas for witnesses hereinafter named at 25 cents each.....

For taking recognizance for.....witnesses at 75 cents each .....

For going and returning from place of inquest at 8 cents per mile .....

For having paid to.....for bringing body to shore .....

For taking testimony.....words at 10 cents per hundred .....

For certifying testimony .....

For time and service pertaining to burial.....

Total..... $.....

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Fees Due.....**Constable.**

For summoning jury ..... $ 1

For summoning.....jury witnesses at 50 cents.....

Total..... $.....

Fees Due Jury

Fees due ..... juror ..... days..... $.....

Fees due ..... juror ..... days.....

Fees due ..... juror ..... days.....

Fees due ..... juror ..... days.....

Fees due ..... juror ..... days.....

Fees due ..... juror ..... days.....

Total..... $.....

Fees Due Witnesses.

Fees due ..... witnesses ..... days..... $.....

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 Marion — Registration District No. 547 — File No.
Township — Primary Registration District No. 3029 — Registered No. 155
City Hannibal (No. ..... St. ..... Ward)

2. FULL NAME Chas Louie 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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) M

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

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

7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

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)

PARENTS
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 5/11, 1927 C E Shrode REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 10 1927

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 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: Gun Shot wound Probably gunshot Inquest pending

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

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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) Chas. R. Scott Corner M.D.
19 (Address) Marion Co Mo

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19. PLACE OF BURIAL, CREMATION, OR REMOVAL — DATE OF BURIAL 19

20. UNDERTAKER — ADDRESS

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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