

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

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

Do not use this space.

1928

13906

1. PLACE OF DEATH

County Lawrence
Township Linnbuck
City Raymond (No. 1)

Registration District No. 1076
Primary Registration District No. 1076

File No. 1
Registered No. 13906
St. 1 Ward

2. FULL NAME

Raymond Loyd Good

(a) Residence. No. 4 St. 1 Ward. (If nonresident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 3 1928

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

17. I HEREBY CERTIFY, That I attended deceased from 9 A.M. 1, 1928, to about 2, 1928 that I last saw him alive on 9 A.M. 3/4, 1928 and that death occurred, on the date stated above, at 133A m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 10 - 1897

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septic Blood Stream of
undetermined nature.

7. AGE: YEARS 30 MONTHS 6 DAYS 24 If LESS than 1 day, 0 hrs. 0 or 0 min.

CONTRIBUTORY (SECONDARY) Following a period of
about (duration) 2 yrs. 0 mos. 0 ds.

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

18. WHERE WAS DISEASE CONTRACTED ? IF NOT AT PLACE OF DEATH.....

9. BIRTHPLACE (CITY OR TOWN) Proper (STATE OR COUNTRY) Lawrence

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 9 A.M. 1

10. NAME OF FATHER S. J. Good

WAS THERE AN AUTOPSY? no

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill. (STATE OR COUNTRY)

WHAT TEST CONFIRMED DIAGNOSIS Culture

12. MAIDEN NAME OF MOTHER Sarah E. Milla

(Signed) P. A. Holmes, M. D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Green Co. (STATE OR COUNTRY)

April 3, 1928 (Address) W. Vernon Mo

14. INFORMANT R. J. Good (Address) W. Vernon RFD #2

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Severmont DATE OF BURIAL 4/4 1928

15. FILED April 28 1928 P. A. Holmes REGISTRAR

20. UNDERTAKER Phillip F. Fossed ADDRESS W. Vernon Mo

