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.

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

Do not use this space.

4410

1. PLACE OF DEATH
County: Worth
Township: Grant City
City: (No. ... St. ... Ward)
Registration District No.: 903
Primary Registration District No.: 4545
File No.:
Registered No.: 2

2. FULL NAME: Juval D Good
(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.

MAR 27 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frances Good
6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 3 - 1855
7. AGE: YEARS 75 MONTHS 6 DAYS 19 If LESS than 1 day, ... hrs. or ... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired lumber dealer
(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): Bloomfield Iowa
PARENTS
10. NAME OF FATHER: Robert Good
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown Don't know
12. MAIDEN NAME OF MOTHER: Rose Dabney
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown Iowa
14. INFORMANT: Frances E Good
(Address): Grant City Mo
15. FILED: 1-W 1931 John Andrews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 22 - 1931
17. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1931, to Jan 22, 1931, that I last saw him alive on Jan 22 - 1931, and that death occurred, on the date stated above, at 7 a. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
(duration) ... yrs. ... mos. 1 ds.
CONTRIBUTORY (SECONDARY): Arterio Sclerosis
(duration) 1 yrs. - mos. - ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. K. Phipps, M. D.
Jan 22, 1931 (Address) Grant City, 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: Davis City Cem
DATE OF BURIAL: Oct 1-24 1931
20. UNDERTAKER: Andrews Hwd
ADDRESS: Grant City