

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

Do not use this space.

1. PLACE OF DEATH

County Schuyler
Township Fabius
City (No.)

Registration District No. 802
Primary Registration District No. 6046

File No. 20216
Registered No.
St. Ward

2. FULL NAME

Jesse Cecil Gooden
(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 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 Myrtle Gooden

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 27-1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 5 9

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

9. BIRTHPLACE (CITY OR TOWN) Davis Co. Iowa
(STATE OR COUNTRY)

10. NAME OF FATHER James Gooden

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

12. MAIDEN NAME OF MOTHER Eliza Willier

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

14. INFORMANT Jas Gooden
(Address) Blounting mo

15. FILED May 7 1931 J.P. Bridges REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-6 1931

17. I HEREBY CERTIFY, That I attended deceased from April 15, 1931, to May 6, 1931, that I last saw alive on May 6, 1931, and that death occurred, on the date stated above, 5-6 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Streptococcus infection with multiple abscess of liver

CONTRIBUTORY (duration) yrs. 1 mos. 4 ds. He had had trouble with his liver of about 1 year
SECONDARY (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1931
IF NOT AT PLACE OF DEATH,

19. DID AN OPERATION PRECEDE DEATH? No DATE OF 31
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Same
(Signed) C.C. Steady, M. D.
, 19 (Address) Blounting 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 Pleasant Grove Cem. DATE OF BURIAL May 8 1931

20. UNDERTAKER John A. Roberts ADDRESS Leicester 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.

JUN 28 1931

J. H. BRIDGES, M. D.

Downing, Missouri.

July Ninth,
19.. 51,

State Board of Health,
Jefferson City, Mo,

I have tried to ascertain the real cause of the death of Mr Jesse Cecil Goodin but am of the opinion that there is much doubt,

Dr H E Gerwig ,of Downing treated Mr Goodin, first, and it was a round 2 years prior to his death , his trouble never let up completely after his first attack, came on insiduously, and progressed slowly, had indications of T B , also of Adisons disease, Dr Gerwig treated him until about three weeks before his death when Dr C C C Heady of Bloomfield Iowa came into the case, he is 25 miles from me and it is not practible for me to see him and I am sure that writing will be unsatisfactory, he gave as his diagnosis, Multiple abcess of the Liver , it may be Tuberculous but there is no history of an injury or trauma,

There was no autopsy and such cases you know is very difficult to diagnose to a certainty without it.

very respectfully submitted.

J. H. Bridges

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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Cherokee
Township Fabius
City (No.) St. Ward)

Registration District No. 807
Primary Registration District No. 6046

File No.
Registered No.

2. FULL NAME

Jesse Cecil Gordon
(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. 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.
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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 1497 1931 J. D. Bond Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/6 1931

22. I HEREBY CERTIFY, That I attended deceased from

to 19..... Death is said to have occurred on the date stated above, at..... m.

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

Streptococcal infection with multiple abscesses
fever
possibly, T.B.

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

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

If so, specify (Signed) M. D.
(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