WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUL 27 1932

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

Do not use this space.

20533

1. PLACE OF DEATH

88 County Randolph — Registration District No. 735 — File No.

6 Township ~~Sugar Creek~~ — Primary Registration District No. 3034 — Registered No. 26

8 City Moberly (No. Woodland Hospital St. 2nd Ward)

2. FULL NAME Goone, Eugene

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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Goone, Mrs. Ida

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan-5-1889.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	43	5	4	

8. OCCUPATION OF DECEASED Paper-hanger in Summer
(a) Trade, profession, or particular kind of work Miner in Winter 1
(b) General nature of industry, business, or establishment in which employed (or employer) 69
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Howard County 1
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Goone, Louis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown 2
(STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER Brown, Mary E.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Howard County
(STATE OR COUNTRY) Missouri 1

14. INFORMANT Goone, Thomas
(Address) Higbee, Mo. R#1

15. FILED 6/9, 1932 Thos. S. Fleming REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 9 1932

17. I HEREBY CERTIFY, That I attended deceased from 12:30 P.M. June 9, 1932, to June 9 (3:15 P.M.) 1932 that I last saw him alive on June 9, 1932 and that death occurred, on the date stated above, at 3:15 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidentally incised left femoral artery with pocket knife while trimming tire. Death as result of hemorrhage

65 (duration) yrs. mos. ✓ ds.

CONTRIBUTORY (SECONDARY) 1035 185 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Yates, Mo.
DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 9/32 - Vessel legated
WAS THERE AN AUTOPSY? ✓
WHAT TEST CONFIRMED DIAGNOSIS? ✓

(Signed) R. D. Streeter, M. D.
June 9, 1932 (Address) Moberly, 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	DATE OF BURIAL
Yates, Mo.	June-11 1932
20. UNDERTAKER	ADDRESS
Joe Burton	Higbee, Mo.