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.

36563

1. PLACE OF DEATH

74 County Nodaway — Registration District No. 625 — File No.

9 Township — Primary Registration District No. 3031 — Registered No. 101

City Maryville (No. 716 East First St. Ward)

JAN 9 1933

7 2. FULL NAME Peter Lowber Cooper Gooden

(a) Residence, No. 716 East First St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 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 (3rd) Rebecca Vandaline

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9, 1840

7. AGE: YEARS 92 — MONTHS 5 — DAYS 5 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) 1900
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Willow Grove Delaware 2

FATHER
13. NAME William Gooden
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Delaware

MOTHER
15. MAIDEN NAME Catherine
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Delaware

17. INFORMANT (ADDRESS) Mrs. Rebecca V. Gooden 716 East First St. Maryville

18. BURIAL, CREMATION, OR REMOVAL
PLACE Miriam Cemetery DATE Nov. 15, 1932

19. UNDERTAKER (ADDRESS) Campbell Funeral Home Maryville, Mo.

20. FILED 11-15, 1932 Mamie E Clardy Registrar.

## MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14, 1932

22. I HEREBY CERTIFY, ~~That I attended deceased from~~ ....., 19...., to ....., 19.... ~~I last saw h... alive on~~ ....., 19.... Death is said to have occurred on the date stated above, at 8.00 a.m.

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

| | Date of onset |
|---|---|
| Gunshot wound of brain, suicidal | |
| 167 | 11-14 |

Other contributory causes of importance: 167 ~~8~~ 5

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury 11-14, 1932
Where did injury occur? Maryville, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Gunshot
Nature of injury Lacerations of brain

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Chas. D. Humbert, M. D.
(Address) Coroner, Nodaway Co., Mo.