

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 29 1933

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

Do not use this space.

20342

1. PLACE OF DEATH
61 County Macon Registration District No. 533
Township Liberty Primary Registration District No. 5715
City Sarah H. Goodson St. _____ Ward _____

2. FULL NAME Sarah H. Goodson
(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. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED, GIVE NAME OF HUSBAND OF (OR) WIFE OF Robert Goodson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 27 - 1851

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>81</u>	<u>8</u>	<u>22</u>	

OCCUPATION
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. Retired
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) Macon Co Mo

MOTHER FATHER
13. NAME Noah Cross
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
15. MAIDEN NAME Mary Sears
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Mr Herbert Truitt
(ADDRESS) Calico, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Old Phariton DATE 6/21 1933

19. UNDERTAKER Stephens & Gooding
(ADDRESS) Macon, Mo

20. FILED 6/30 1933 Mrs Luke Tucker
Registrar

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-19 1933

22. I HEREBY CERTIFY, That I attended deceased from June 7 1933, to June 19 1933
I last saw h. e. alive on 15 1933 Death is said to have occurred on the date stated above, at 5 20 m.
The principal cause of death and related causes of importance were as follows:
Emic pneumonia of the larynx
13219 1932
Date of onset _____

Other contributory causes of importance: _____

Name of operation none 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) W. H. Gooch, M. D.
(Address) Shiner Mo

