

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

Do not use this space.

29004

1. PLACE OF DEATH
 County Carroll Registration District No. 136
 Township Dewett Primary Registration District No. 3194
 City _____ (No. _____) St. _____ Ward _____
 2. FULL NAME Bonnie L. Goalsby
 (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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-10-33</u>		
7. AGE	YEARS <u>X</u>	MONTHS <u>1</u>
		DAYS <u>19</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>X</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>X</u>
	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)	<u>Carroll Co Mo</u>	
13. NAME	<u>Wirt Goalsby</u>	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Kennett Mo</u>	
15. MAIDEN NAME	<u>Mary Wallace</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Carroll Co Mo</u>	
17. INFORMANT (ADDRESS)	<u>Mrs Rorea Wallace Carroll Co Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Cathedral Cmn</u>	DATE <u>9-29-33</u>
19. UNDERTAKER (ADDRESS)	<u>Willis Funeral Home Carroll Co Mo</u>	
20. FILED	<u>Sept 33</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-29-33

22. I HEREBY CERTIFY, That I attended deceased from 8-10-33, 1933, to 9-28-33, 1933
 I last saw him alive on 9-28, 1933. Death is said to have occurred on the date stated above, at 3 a m.
 The principal cause of death and related causes of importance were as follows:
Intestinal infection
1193
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 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) R. Hamilton Steen M. D.
 (Address) Carroll Co Mo

Registrar.

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.

OCT 20 1933

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