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 17 1935

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

Do not use this space.

18849

1. PLACE OF DEATH
County Adair — Registration District No. 4 — File No.
Township — Primary Registration District No. 3001 — Registered No. 119
City Kirksville (No. ..... St. ..... Ward)

1 2 9

2. FULL NAME Raymond Elroy Goodwin

(a) Residence, No. ..... 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 11 - 1921

7. AGE: YEARS 14 — MONTHS 4 — DAYS 9 — If LESS than 1 day, ... hrs. or ..... min.

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.
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) Knox Co Mo

FATHER
13. NAME Earnest W. Goodwin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox Co Mo

MOTHER
15. MAIDEN NAME Rachel Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox Co Mo

17. INFORMANT (ADDRESS) Earnest Goodwin Knox City, Mo.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Knox City Mo DATE 6/20 1935

19. UNDERTAKER (ADDRESS) A. J. Sieger Knox City Mo

20. FILED June 20 1935 Spencer Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20 1935

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1935, to June 20, 1935
I last saw him alive on June 20, 1935 Death is said to have occurred on the date stated above, at 2:12 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound of right side penetrating rt kidney, liver & spinal cord.	June 18
Other contributory causes of importance: peritonitis, Rupture	174

184

Name of operation ..... Date of .....
What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury June 18, 1935
Where did injury occur? Knox County (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Occurred while on swimming party
Manner of injury .....
Nature of injury Gunshot wound

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Earl Laughlin Jr., M.D.
(Address) Kirksville, Mo.