

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.

OCT 17 1935

28890

1. PLACE OF DEATH

County Boone

Registration District No. 73

File No. _____

Township _____

Primary Registration District No. 30.06

Registered No. 190

City Columbia

St. _____ Ward) _____

2. FULL NAME

Mattie Goolyon

(a) Residence, No. 505 Range Lines, Ward. _____
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/8/1935

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

22. I HEREBY CERTIFY, That I attended deceased from 9/7/1935, 1935, to 9/8/1935, 1935

I last saw h. at alive on 9/7/35, 19. Death is said to have occurred on the date stated above, at 7 A. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-10-1873

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 61 11 28

Other contributory causes of importance _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

Carcinoma of liver
Pyelonephritis

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) Howard County Missouri

13. NAME Frank Long

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

15. MAIDEN NAME Jane Brown

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

17. INFORMANT (ADDRESS) Mattie Williams Columbia Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Walverly Cemetery DATE 9-10-35

19. UNDERTAKER (ADDRESS) Stuart P. Parker Columbia Missouri

20. FILED 9/10/1935 Allie Selby Registrar

Name of operation _____ Date of _____

What test confirmed diagnosis? Al. 2 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) H. G. Bosman, M. D.

(Address) 1125 - 8th St.

