

OCT 24 1935

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

Do not use this space.

29337

1. PLACE OF DEATH

County Henry
Township.....
City Windsor (No.....)

Registration District No. 14
Primary Registration District No. 4211

File No.....
Registered No. 24
St..... Ward)

2. FULL NAME Charles Goodin

(a) Residence, No..... St..... Ward.....

(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. (If nonresident, give city or town and State)

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 Lizzie Boyd Goodin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) No record

7. AGE YEARS 80 MONTHS..... DAYS..... IF LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired farmer
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) Johnson County (STATE OR COUNTRY) Missouri

FATHER 13. NAME William Goodin

14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) II

MOTHER 15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) II (STATE OR COUNTRY) II

17. INFORMANT Mrs. Lizzie Goodin (ADDRESS) Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Mo. DATE Sept. 6 19.....

19. UNDERTAKER Huston-Turner (ADDRESS) Windsor, Missouri

20. FILED Sept 6 19 35 T. B. Deming Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 4th 1935

22. I HEREBY CERTIFY, That I attended deceased from July 4 1934 to Sept 4 1935
I last saw him alive on Nov 7 1934 Death is said to have occurred on the date stated above, at 5:30 P. M.
The principal cause of death and related causes of importance were as follows:

Paralysis R side
hemorrhage left side
brain
Date of onset

Other contributory causes of importance: glauc

Name of operation none Date of.....
What test confirmed diagnosis? Cholesterol Was there an autopsy? no

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? no
If so, specify.....

(Signed) T. B. Deming M. D.
(Address) Windsor, Mo

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.

