

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.

DEC 17 1935

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

Do not use this space.

35590

1. PLACE OF DEATH

County Cooper Registration District No. 225
Township Woolbridge Primary Registration District No. 4138
City (No.)

File No. _____
Registered No. 7 St. _____ Ward _____

2. FULL NAME

William J. Good
(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 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 Katherine Good
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 14th 1862
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 11 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor Retired
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) 1933 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticou Co. Missouri

FATHER 13. NAME Isaac Good
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER 15. MAIDEN NAME Elizabeth Hampton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs Katherine Good
(ADDRESS) Woolbridge Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Grove DATE Nov. 10th 1935
Boonville Mo

19. UNDERTAKER Schwitzky Warnhoff
(ADDRESS) Boonville Mo.

20. FILED Nov 10 1935 W. Hooper
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 8th 1935
I HEREBY CERTIFY, that I attended deceased from Nov 1 - 1935 to Nov - 8th 1935
I last saw him alive on Nov 1, 1935 Death is said to have occurred on the date stated above, at 8:40 p.m.

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 11/8/35
Other contributory causes of importance:
Arterio Sclerosis Unknown

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) W. A. Mundell M. D.
(Address) Prague Home Mo

