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.

FEB 27 1936

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

Do not use this space.

1873

1. PLACE OF DEATH
County Knox
Township Liberty
City ~~Knox City Mo~~ (No. ..... St. ..... Ward)
Registration District No. 441
Primary Registration District No. 6243
File No. .....
Registered No. 4

2. FULL NAME George Goodwin
(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 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mary Walters
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-6-1874
7. AGE Years 61 Months 1 Days 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) (STATE OR COUNTRY) Knox City Mo.

FATHER
13. NAME Paris Goodwin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Terrahaute Ind.

MOTHER
15. MAIDEN NAME Nancy Frye
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox City Mo.

17. INFORMANT (ADDRESS) Mrs Mary Goodwin Knox City Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Ridge DATE Feb-1-1936
19. UNDERTAKER (ADDRESS) Mrs. J. W. Hudson Edina Mo.
20. FILED Feb 2 1936 Mrs C. M. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1936, to Jan 30, 1936
I last saw him alive on Jan 30, 1936. Death is said to have occurred on the date stated above, at 12 30 m.
The principal cause of death and related causes of importance were as follows:

Pernicious anemia

Date of onset

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) [illegible] McReynolds, M. D.
(Address) Knox City Mo