

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

Do not use this space.

**FEB 27 1936**

**1. PLACE OF DEATH**

County, Knox Registration District No. 441  
 Township, Liberty Primary Registration District No. 6243  
 City, Knox City Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 1874  
 Registered No. 5

**2. FULL NAME** Reason 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 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 Anna Goodwin  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr - 9 - 1860  
 7. AGE YEARS 75 MONTHS 2 DAYS 21 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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 Parris Goodwin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Mo.

**MOTHER**  
 15. MAIDEN NAME Fancy Frize

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox City Mo.

17. INFORMANT Mrs Anna Goodwin  
 (ADDRESS) Knox City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Knox City Mo. DATE Feb - 2 - 1936

19. UNDERTAKER Mrs J. W. Hudson  
 (ADDRESS) Edinburg 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 Jan 30, 1936, to Jan 30, 1936  
 I last saw him alive on Jan 27, 1936. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:

Organic heart failure  
 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) Walter McReynolds, M. D.  
 (Address) Knox City Mo.

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.

