REC'D JUN 14 1938

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

Do not use this space.

19655

1. PLACE OF DEATH
County Schuyler | Registration District No. 802 | File No. 36
Township Fabius | Primary Registration District No. ~~4481~~ 6046 | Registered No. 22
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Robert Earl Gooden 350
(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): single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2 1938
7. AGE: YEARS 0 | MONTHS 2 | DAYS 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
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) Schuyler Co. 0

FATHER
13. NAME Earl Gooden 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schuyler 0

MOTHER
15. MAIDEN NAME Linda Gooden
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schuyler Co.

17. INFORMANT (ADDRESS) Mrs Birney Huston Lancaster Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Grove DATE June 5 1938
19. UNDERTAKER (ADDRESS) Morehead Lancaster Mo.
20. FILED June 7 1938 H. E. Gerwig Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3 1938
22. I HEREBY CERTIFY, That I attended deceased from June 2, 1938, to June 3, 1938
I last saw him alive on June 3, 1938. Death is said to have occurred on the date stated above, at 11:10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance:
Whooping cough

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? No
If so, specify .....
(Signed) Dr. R. E. Vaughn, D.O.
721 (Address) Lancaster, 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.