

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.

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

Do not use this space.

OCT 28 1930

29733

1. PLACE OF DEATH

County.....
Township.....
City..... (No..... St..... Ward.....)

Registration District No. 349
Primary Registration District No. 4307

File No.....
Registered No. 23

2. FULL NAME

William S Goodin

(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 35 yrs. — mos. — da. 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) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Betty Goodin

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Jan 23 1855

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
75	7	24	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Benton Mo

10. NAME OF FATHER

Warren Goodin

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Henry Mo

12. MAIDEN NAME OF MOTHER

Gililand

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Iowa

14.

INFORMANT Mrs Allie Hunt
(Address) Calhoun Mo.

15.

FILED 9-20 1930 Mrs. V. A. Gray REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 16 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 21 1930 to Sept 10 1930, and that (that I last saw him) alive on Sept 10 10:50, and that death occurred, on the date stated above, at.....

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy

92A

97B

(duration) yrs. mos. da.

CONTRIBUTORY Paralysis agitans (SECONDARY)

(duration) 4 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATING PRECEDE DEATH. DATE OF

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) C. C. Banta, M. D.

, 19 (Address) Calhoun Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Calhoun Cemetery Sept 19 1930

20. UNDERTAKER

ADDRESS

H. House Calhoun Mo

