

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

Do not use this space.  
**20786**

**1. PLACE OF DEATH**

County Caney Registration District No. 128  
Township Apple Creek Primary Registration District No. 51763  
City (No. ....) St. .... Ward .....

File No. ....  
Registered No. ....  
St. .... Ward .....

**2. FULL NAME**

George W. Goodson  
(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 Nancy Goodson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 4 - 1846

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
85 2 29

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) .....

9. BIRTHPLACE (CITY OR TOWN) Madison Mo  
(STATE OR COUNTRY) .....

10. NAME OF FATHER Joel Goodson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) North Carolina  
(STATE OR COUNTRY) .....

12. MAIDEN NAME OF MOTHER Markow

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Markow  
(STATE OR COUNTRY) .....

14. INFORMANT Cur Goodson  
(Address) Oak Ridge

15. FILED JUL 10 1931 Laura Beach  
19 .....

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-13 1931

17. I HEREBY CERTIFY, That I attended deceased from May 10<sup>th</sup> 1931 to June 13 1931, that I last saw him alive on June 13 1931, and that death occurred, on the date stated above, at .....

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Artero-sclerosis

97 (duration) 5 yrs. .... mos. .... ds.

CONTRIBUTOR (SECONDARY) 97 (duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) A. J. Martin, M. D.  
, 19 (Address) Oak Ridge 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 Oak Ridge Cemetery DATE OF BURIAL June 14 1931

20. UNDERTAKER M. Tombs & Co ADDRESS Jackson Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUL 23 1931

Sumner