

30 1928

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

Do not use this space.

11927

1. PLACE OF DEATH

County Shelby  
Township Black Creek  
City (No. ....) .....

Registration District No. 581  
Primary Registration District No. 6022

File No. ....  
Registered No. 7  
St. .... Ward

2. FULL NAME

Edward J. Godd

(a) Residence. No. 60 County Infirmary Ward. ....  
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 3 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)

Single

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

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

About 1850

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .... hrs. or .... min.

About 78

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

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)

No Record

10. NAME OF FATHER

No Record

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

No Record

12. MAIDEN NAME OF MOTHER

No Record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

No Record

14.

INFORMANT

(Address)

J. N. Magruder  
Shelbyville, Mo.

15.

FILED

March 24 1928  
Mr. B. L. Baker  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Mar-23-1928

17.

I HEREBY CERTIFY, That I attended deceased from Mar-18-1928, to Mar-23-1928, that I last saw him alive on Mar-22-1928, and that death occurred, on the date stated above, at 8:00 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Myocarditis  
9:30 P.M.  
77/90/13  
(duration) 9 yrs. .... mos. .... da.

CONTRIBUTORY (SECONDARY)

Arterio Sclerosis  
(duration) ? yrs. .... mos. .... da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? >

DID AN OPERATION PRECEDE DEATH? no DATE OF >

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

none  
F. B. Archer, M. D.

3-24-1928 (Address) Shelbyville Mo.

\*State the DISEASE CAUSING DEATH, or in death 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

Oak Hill Cem Mar-24-1928

20. UNDERTAKER

ADDRESS

W. Thompson Shelbyville, 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.

