

7 1928

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

Do not use this space.

22590

1. PLACE OF DEATH
 County Saline Registration District No. 795 File No. _____
 Township Grand Pass Primary Registration District No. 6038 Registered No. 16
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Jerry Thomas Godman
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) an

5A. ~~MARRIED, WIDOWED, or DIVORCED~~
 HUSBAND OF Daisy Godman
 (or) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 12, 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 2 _____ _____

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) Kentucky

10. NAME OF FATHER Isaac Asbery Godman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Mary Berry

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

14. INFORMANT Daisy Godman (Address) Malta Bend

15. June 14, 1928 Mrs. Mary Blackburn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June-13 1928

17. I HEREBY CERTIFY, That I attended deceased from May 27, 1928, to June 13, 1928 (that I last saw him alive on June 13, 1928, and that death occurred, on the date stated above, at 12:30 P. m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intestinal carcinoma
41.0 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 45 (duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? yes DATE OF Mar. 1928 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____ (Signed) Blackburn, M. D. 6/13, 1928 (Address) Malta Bend

*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 Union Cem. DATE OF BURIAL June 15 1928

20. UNDERTAKER Vandier-Sweeney ADDRESS Amershall 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.

