

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

Do not use this space.

32385

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (N. **Guarante to City Heights** Ward)

File No.....
 Registered No. **9737**

2. FULL NAME

Blades Godare
 (a) Residence No. **2009 Market** St., **21** 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 Female	4. COLOR OR RACE Colored	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) Jan 11 - 1907		
7. AGE - YEARS 26	MONTHS 8	DAYS 28
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work House work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) **St. Louis**
 (STATE OR COUNTRY) **mo**

10. NAME OF FATHER **Fred Godare**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Iowa**
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Katy Harris**

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

14. INFORMANT **Katy Godare**
 (Address) **1017 no. Compton**

15. FILED **Oct - 3 1928**
maib starkoff
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Sept. 29 1928**
 17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at **1745 a. m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gun Shot Wound
1928
to Chest
 (duration) yrs. mos. da.
 CONTRIBUTORY **Homicide**
 (SECONDARY) (duration) yrs. mos. da.

18. WHERE THIS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH?
8/19/28
 DID AN OPERATION PRECEDE DEATH? DATE OF.....
 WAS THERE AN AUTOPSY? **yes**
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) **J. W. Cameron, M.D.**
10/11/28 (Address) **Dep. Comm.**

*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 **Breenwood** DATE OF BURIAL **10/3 1928**
 20. UNDERTAKER **Carl Roberts** ADDRESS **3025 Lucas**

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.

