

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

Do not use this space.

1930  
 48  
 25  
 2  
 4

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

932

**1. PLACE OF DEATH**

County Howard  
 Township  
 City Fayette (No. ....)

Registration District No. 378  
 Primary Registration District No. 4222

File No. ....  
 Registered No. 9  
 St. .... Ward)

**2. FULL NAME**

Rev. Josiah Perry Godbey

(a) Residence. No. .... 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nova Bates Godbey</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Mar 27-1844</u>		
7. AGE	YEARS <u>85</u>	MONTHS <u>9</u>
	DAY <u>17</u>	IF LESS than 1 day, .... hrs. or .... min.

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Summerset  
 (STATE OR COUNTRY) Kentucky

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....

(STATE OR COUNTRY) .....

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....

(STATE OR COUNTRY) .....

14. INFORMANT John Godby  
 (Address) Fayette, Mo.

15. FILED 1-20, 1930 V. O. Bonham  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 13, 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1930, to Jan 13, 1930, that I last saw h. in alive on Jan 13, 1930, and that death occurred, on the date stated above, at 1:30 pm m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cerebral Haemorrhage  
82H  
99 (duration) yrs. 2 mos. .... ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis  
done brain (duration) yrs. .... mos. .... ds.

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? Clinical findings  
 (Signed) J. B. Beckwith, M. D.  
 , 19 (Address) Fayette 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 <u>Walnut Ridge</u>	DATE OF BURIAL <u>Jan 15 1930</u>
20. UNDERTAKER <u>Geo. J. Halley</u>	(ADDRESS) <u>Fayette Mo</u>

