

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

Do not use this space.

30521

OCT 30 1930

1. PLACE OF DEATH

County Marion  
Township Liberty  
City (No. ....) (Ward) .....

Registration District No. 548  
Primary Registration District No. 5740

File No. ....  
Registered No. 44  
St. .... Ward

2. FULL NAME

Robert Thomas Godfrey

(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 40 yrs. mos. ds. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 10, 1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
82 7 13

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) Marion County  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER London Godfrey

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

(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Matilda Shropshire

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

(STATE OR COUNTRY) Kentucky

14. INFORMANT Mrs. Thomas Godfrey  
(Address) Palmyra, Mo.

15. FILED 9/24, 1930 J. Sanford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 23, 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr 26, 1929 to Sept 23, 1930 that I last saw him alive on Sept 23, 1930, and that death occurred, on the date stated above, at 1:20 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic myocarditis  
9/26

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED (duration) yrs. mos. ds. 9/26  
IF NOT AT PLACE OF DEATH don't know

0 DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) W. C. Neal, M. D.

9/24, 1930 (Address) Palmyra 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 Greenwood Cemetery DATE OF BURIAL 9/25/1930

20. UNDERTAKER Lewis Bros ADDRESS Palmyra, 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.

WRITE PLAINLY, WITH OBTAINING INFORMATION IS A PARENT RECORD

