

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

Do not use this space.

17528

1. PLACE OF DEATH

County Crawford
Township North
City (No. _____) _____ St. _____ Ward _____

Registration District No. 232

Primary Registration District No. 3570

File No. _____
Registered No. _____

2. FULL NAME

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/15 - 1931

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to 5-15, 1931

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 18 1894

I last saw him alive on 15-14, 1931. Death is said

7. AGE YEARS 36 MONTHS 4 DAYS 29 IF LESS than 1 day, _____ hrs. or _____ min.

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

Tuberculosis Date of onset _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

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10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: 230

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawford Co, Mo

13. NAME Georg W. Godby

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawford Co, Mo

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME Jenny Buckley

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____; 19 _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Co, Mo

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

17. INFORMANT Geo W. Godby (ADDRESS) Cherryville Mo

Manner of injury _____

Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE New Home Cemetery DATE 5/16 1931

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

19. UNDERTAKER J. J. Sanders (ADDRESS) Cherryville Mo

(Signed) R. G. Parker M. D.

20. FILED July 30 1931 J. E. Sanders Registrar.

(Address) Cherryville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 23 1931

