WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

FEB 24 1932

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

Do not use this space.

5583

1. PLACE OF DEATH

74 County Nodaway — Registration District No. 628 — File No.

9 Township Polk — Primary Registration District No. 3031 — Registered No. 12

City Maryville (No. 105, West Fourth St. Ward)

2. FULL NAME Edward Thomas Godsey

(a) Residence, No. 417 East First 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

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: Effie Jane Townsend

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): February 7, 1874

7. AGE: Years 57 — Months 11 — Days 24 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Barber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 226
10. Date deceased last worked at this occupation (month and year): 1/30/'32
11. Total time (years) spent in this occupation: 37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hopkins, Missouri

FATHER

13. NAME: Jess T. Godsey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky 28

MOTHER

15. MAIDEN NAME: Maria Ball
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not Known 31

17. INFORMANT (ADDRESS): Robert Godsey, 401 West First St. Maryville

18. BURIAL, CREMATION, OR REMOVAL: Miriam Cemetery
PLACE Maryville Mo. DATE Feb. 3 1932

19. UNDERTAKER (ADDRESS): Price Furniture Co., Maryville, Mo.

20. FILED Feb 2 1932 Mamie Clarke Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): February 1, 1932

22. I HEREBY CERTIFY, That ~~I attended/deceased from~~ ~~XXXXXXXXXXXXXXX, 19XX to XXXXXXXXXXXXXXX, 19XX~~ ~~I last saw h alive on XXXXXXXXXXXXXXXXXXXXXXXXX, 19XX~~ Death is said to have occurred on the date stated above, at 7 a.m.

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

	Date of onset
Suicide, by hanging	2/1

165 / 165

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? none Was there an autopsy? no

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

Accident, suicide, or homicide? suicide Date of injury ....., 19....

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

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

Manner of injury .....

Nature of injury .....

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

If so, specify .....

(Signed) Chas. D. Hunt Mid M.D., M. D.

(Address) Coroner, Nodaway Co., Mo.