

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

Do not use this space.

9937

1. PLACE OF DEATH

96

County St. Louis
Township Central
City Midland Ave (No. 8529)

Registration District No. 789
Primary Registration District No. 6033B

File No. _____
Registered No. 94 St. _____ Ward _____

2. FULL NAME William John Goddard

(a) Residence, No. 8529 Midland Ave. St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Belle Goddard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 26, 1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	81	3	25	24

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

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England ?

13. NAME John Goddard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England ?

15. MAIDEN NAME Susan Belverstone

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England ?

17. INFORMANT Mrs. Belle Goddard (ADDRESS) 8529 Midland Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Free Free Cemetery DATE March 23, 1932

19. UNDERTAKER Geo. L. Gleitsch Inc. (ADDRESS) 5946 Eastern Ave.

20. FILED 3-23-1932 Wolla, Gray M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-13-1932, to 3-21-1932

I last saw h. in alive on 3-21-1932 Death is said to have occurred on the date stated above, at 10:10 p.m.

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

Broncho pneumonia
1070
937 1070

Other contributory causes of importance: acute Myo-Carditis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ 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.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____

(Signed) T. H. Hale, M. D.
(Address) 4903 Delmar

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.

APR 29 1932

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