

**BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

15403

1. PLACE OF DEATH Buchanan Registration District No. 85  
 County Buchanan Primary Registration District No. 1001 #2  
 Township St Joseph (No. State Hospital)  
 City St Joseph (No. State Hospital)  
 File No. \_\_\_\_\_  
 Registered No. 529  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Fred Godley  
 (a) Residence. No. 2023 Brighton Ave. Kansas City, Mo. 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. 11 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 4, 1866</u>				
7. AGE	YEARS <u>65</u>	MONTHS <u>7</u>	DAYS <u>26</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Laborer</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer				
9. BIRTHPLACE (CITY OR TOWN) <u>Ohio</u> (STATE OR COUNTRY) <u>Union</u>				
PARENTS	10. NAME OF FATHER <u>Henry C. Godley</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Union</u> (STATE OR COUNTRY) <u>New York State</u>			
	12. MAIDEN NAME OF MOTHER <u>Esther C. Booth</u>			
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Ohio</u> (STATE OR COUNTRY) <u>Union</u>				
14. INFORMANT <u>Records State Hospital</u> (Address) <u>St Joseph Mo</u>				
15. <u>MAY 31 1932</u> FILED <u>John K. Bender</u> REGISTRAR				

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 30 1932

17. I HEREBY CERTIFY, That I attended deceased from July 1 1931, to May 30 1932 that I last saw him alive on May 30 1932, and that death occurred, on the date stated above, at 12:00 Noon

18. THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic myocarditic (duration) yrs. 3 mos. ds.  
Manic depressive  
Psychoses (duration) yrs. 10 mos. 13 ds.  
 CONTRIBUTORY (SECONDARY)

19. WHERE WAS DISEASE CONTRACTED 9300  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
 (Signed) Dr. Chpton Smith M. D.  
5/30, 1932 (Address) St Joseph 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 Brookfield Mo DATE OF BURIAL 6/1 1932  
 20. UNDERTAKER Stigley, Harry, Leubner ADDRESS 205 So 10th

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.

JUN 21 1932

