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

Do not use this space.

36482

File No.
Registered No.

1. PLACE OF DEATH

70

County: Montgomery
Township: Bee Tail
City: (No. , St. Ward)

Registration District No. 596
Primary Registration District No. 5787B

2. FULL NAME: Dora Godwin

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F.	white	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Godwin

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 22-1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	10	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Callaway Co.
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Amazing Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN): 2
(STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Bee Tail
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Callaway Co.
(STATE OR COUNTRY): Mo.

14. INFORMANT: J. W. Smith
(Address): Bellflower Mo.

15. FILED 11/11, 1932 P. W. Price REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 10 1932

17. I HEREBY CERTIFY, That I attended deceased from 11-10, 1932 to 11-10, 1932 that I last saw her alive on 11-10, 1932 and that death occurred, on the date stated above, at 8 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
72 hrs (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) H. R. Simpnick, M. D.
, 19 (Address) Bellflower Mo.

*State the DISEASE CAUSING DEATH, or if 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	DATE OF BURIAL
Bellflower Cemetery	11/11 1932

20. UNDERTAKER: P. W. Price
ADDRESS: Bellflower Mo.

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.