

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 003
City (No. St. James)

File No. 42617
Registered No. 11792
St. Ward)

2. FULL NAME

Mary E. Godfrey
(a) Residence, No. 5139 Highland Ave. 6 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 60 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John E. Godfrey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-1-1861</u>		
7. AGE	YEARS	MONTHS
	<u>71</u>	<u>8</u>
		DAYS
		<u>29</u>
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>	
	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)	<u>Ohio</u> <u>2</u>	
MOTHER	13. NAME <u>Michael Silk</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u> <u>15</u>	
	15. MAIDEN NAME <u>Bridget M^o Tighe</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT (ADDRESS)	<u>John E. Godfrey</u> <u>5139 Highland Ave</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Calvary</u> DATE <u>1/2</u> <u>1932</u>	
19. UNDERTAKER (ADDRESS)	<u>W. A. Stark M^o Co.</u> <u>3117 E. 29th St. St. Louis</u>	
20. FILED	<u>DEC 31 1932</u> <u>W. C. Starnes</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-15, 1932, to 12-30, 1932.
I last saw her alive on 12-30, 1932. Death is said to have occurred on the date stated above, at 4:35 P m.
The principal cause of death and related causes of importance were as follows:
Myocardial Insufficiency
Arterio Sclerosis
Coronary Sclerosis
Acute Cardiac Dilatation

Date of onset Yes ago

Other contributory causes of importance: None

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) W. C. Starnes, M. D.
(Address) 13903 Olive St

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.

Hall K. G.

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