

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

Do not use this space.

1088

**1. PLACE OF DEATH**

County Jackson Registration District No. 388  
 Township Frank Primary Registration District No. 1002  
 City Kansas City (No. KC General Hosp) St. \_\_\_\_\_ (Ward)

File No. 53  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ (Ward)

**2. FULL NAME**

(a) Residence, No. 2224 Duplars 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 <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louise Godi</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 4, 1876</u>		
7. AGE	YEARS	MONTHS
<u>57</u>	<u>5</u>	<u>0</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Realitor</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>Erie Michigan</u>		
13. NAME <u>Henry Godi</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Josephine Cobble</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>Reverend Clerk R. C. O'Brien Hosp</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Havana Ill.</u> DATE <u>Jan 7, 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Melody McIlley Elmwood and Nucleid</u>		
20. FILED <u>Jan 5</u> 19 <u>34</u> <u>34 M. M. Brown</u> Registrar.		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-4 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-2 1934 to 1-4 1934  
 I last saw him alive on 1-4 1934 Death is said to have occurred on the date stated above, at 10:35 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Cardiac hypertrophy with mural thrombosis and parietal right atrium  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
95 B 11 B

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?  
 If so, specify \_\_\_\_\_  
 (Signed) P. F. De Maria M. D.  
1-4 (Address) Asst Supt R.C. Gen Hosp  
34 M. M. Brown

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

FEB

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.

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