

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

Do not use this space.

NOV 20 1934

39897

1. PLACE OF DEATH

County Lafayette Registration District No. 466
Township Clay Primary Registration District No. 56220
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Salas May Godley

(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 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>widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>dead</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11/8/1857</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>11</u>
	DAYS <u>25</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>Farmer 13 1/2</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.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/3, 1934
22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1933 to Nov 3, 1934
I last saw him alive on Oct 20, 1934 Death is said to have occurred on the date stated above, at 10:30 a.m.

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

chronic Paren-
chymatous Nephri-
tosis

Other contributory causes of importance

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 _____, 1934

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. L. Pennington, M. D.

(Address) Cauden Mo

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Montgomery Co Mo</u>
	13. NAME <u>Fountain Godley</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>
	15. MAIDEN NAME <u>Eliza Kelison</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>
	17. INFORMANT <u>Mrs Ben Blair</u> (ADDRESS) <u>Emet Mo</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Crown Crest</u> DATE <u>11/5</u> , 19 <u>34</u>
	19. UNDERTAKER <u>C. P. Gibson</u> (ADDRESS) <u>Emet Mo</u>
	20. FILED <u>Nov 4/4</u> , 19 <u>34</u> <u>F. N. Mann</u> Registrar.

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.

54

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