

SEP 16 1935

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

Do not use this space.

1791
1003

27666

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St Louis Mo (No. City, Sanatorium) St. Ward)

2. FULL NAME

James E Goddard
(a) Residence, No. 6119 Waterman, 5 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF months King Goddard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 9 83

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Oakland Boone Co. Missouri
(STATE OR COUNTRY) Missouri

MOTHER 13. NAME James Goddard

14. BIRTHPLACE (CITY OR TOWN) Unknown Missouri
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Rally Elias

16. BIRTHPLACE (CITY OR TOWN) Unknown Missouri
(STATE OR COUNTRY) Missouri

17. INFORMANT Henry C. Allen
(ADDRESS) 534 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE SEE SEE Cemetery Aug 7th 1935

19. UNDERTAKER Chapman & Sons
(ADDRESS) 4449 Olive Street

20. FILED AUG - 6 1935
J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1935, to Aug 6, 1935

I last saw him alive on Aug 5, 1935 Death is said to have occurred on the date stated above, at 2:45 A.M.

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

arteriosclerosis and hypertension Date of onset 3/4/35+
Hypertensive Heart Disease 5/4/35+

Other contributory causes of importance 956²

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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) Henry C. Allen, M. D.

(Address) 534 Arsenal

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.

