FEB 18 1936

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

Do not use this space.

499

1. PLACE OF DEATH
County Carroll, Registration District No. 135 File No.
Township Carrollton, Primary Registration District No. 3010 Registered No. 18
City Carrollton, (No. , St. Ward)

2. FULL NAME Oliver Bryn Godsey,
(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 M.
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Elizabeth Godsey.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16, 1869

7. AGE YEARS 66 MONTHS 9 DAYS 7 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer,
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) Missouri.

FATHER
13. NAME Richard Godsey,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know.

MOTHER
15. MAIDEN NAME Richard Flanigan,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know,

17. INFORMANT (ADDRESS) Sarah Godsey, Tina, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rockbranch DATE 1/28/36, 19

19. UNDERTAKER (ADDRESS) Clifford W. Austin, Tina, Missouri.

20. FILED 1-25, 1936 Ruth Haskins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 23, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1925, to Jan 23 36, 19
I last saw him alive on Jan 23 36, 19 Death is said to have occurred on the date stated above, at 11:45 PM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystitis Prostatitis,	
Pyelo Nephritis	

Other contributory causes of importance:

137

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) [signature], M.D.
(Address) Carrollton Mo

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2
100M-11-24-33