

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

Do not use this space.

4322

FEB 23 1936

1. PLACE OF DEATH

County Washington
Township Bethel
City Potosi Mo (No. _____)

Registration District No. 887
Primary Registration District No. L179

File No. _____
Registered No. _____ St. _____ Ward _____

2. FULL NAME:

Benjamin Godat

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Ann Godat

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28-1855

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>81</u>	<u>0</u>	<u>19</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
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) Richwoods P.O.

13. NAME Eugene Godat

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indianapolis

15. MAIDEN NAME Eva Horine

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richwoods P.O.

17. INFORMANT (ADDRESS) J. H. Baker Potosi Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Potosi, Missouri DATE Jan 18 1936

19. UNDERTAKER (ADDRESS) Sparks & Sparks Potosi Mo

20. FILED Feb 1 1936 J. F. Creswell Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 17 1936, to Jan 14 1936. I last saw him alive on Jan 14 1936. Death is said to have occurred on the date stated above, at 12:35 p.m.

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

Cerebral Hemorrhage
Right side
Arteriosclerosis

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 _____, 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) J. F. Creswell, M. D.
(Address) Potosi

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.

