

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

Do not use this space.

43426

JAN 13 1937

1. PLACE OF DEATH

County Saline
Township Miami
City Miami

Registration District No. 797
Primary Registration District No. 6040

File No. _____
Registered No. 7
St. _____ Ward _____

2. FULL NAME Samuel Arthur Godman

(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 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 Blauche S. Godman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10 / 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 8 20

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. Carpenter
10. Date deceased last worked at this occupation (month and year) Mar 16 1936 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miami Saline Co Mo

MOTHER 13. NAME James M Godman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co Mo

15. MAIDEN NAME Ella May Godman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sanders Galien Co Mo

17. INFORMANT Blauche S Godman (ADDRESS) Miami Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Miami Mo DATE Nov 18 19

19. UNDERTAKER Geo A Wilson (ADDRESS) Miami Mo

20. FILED 11-18 1936 Mrs Aubrey Napier Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from held inquest to Nov 18 1936

I last saw him alive on Nov 30 19 Death is said to have occurred on the date stated above, at 5:30 p. m.

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

Crushed skull -
Car accident
High way 41
Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide _____ Date of injury 11-16 1936

Where did injury occur? High way 41 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury High way 41

Nature of injury Car accident

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

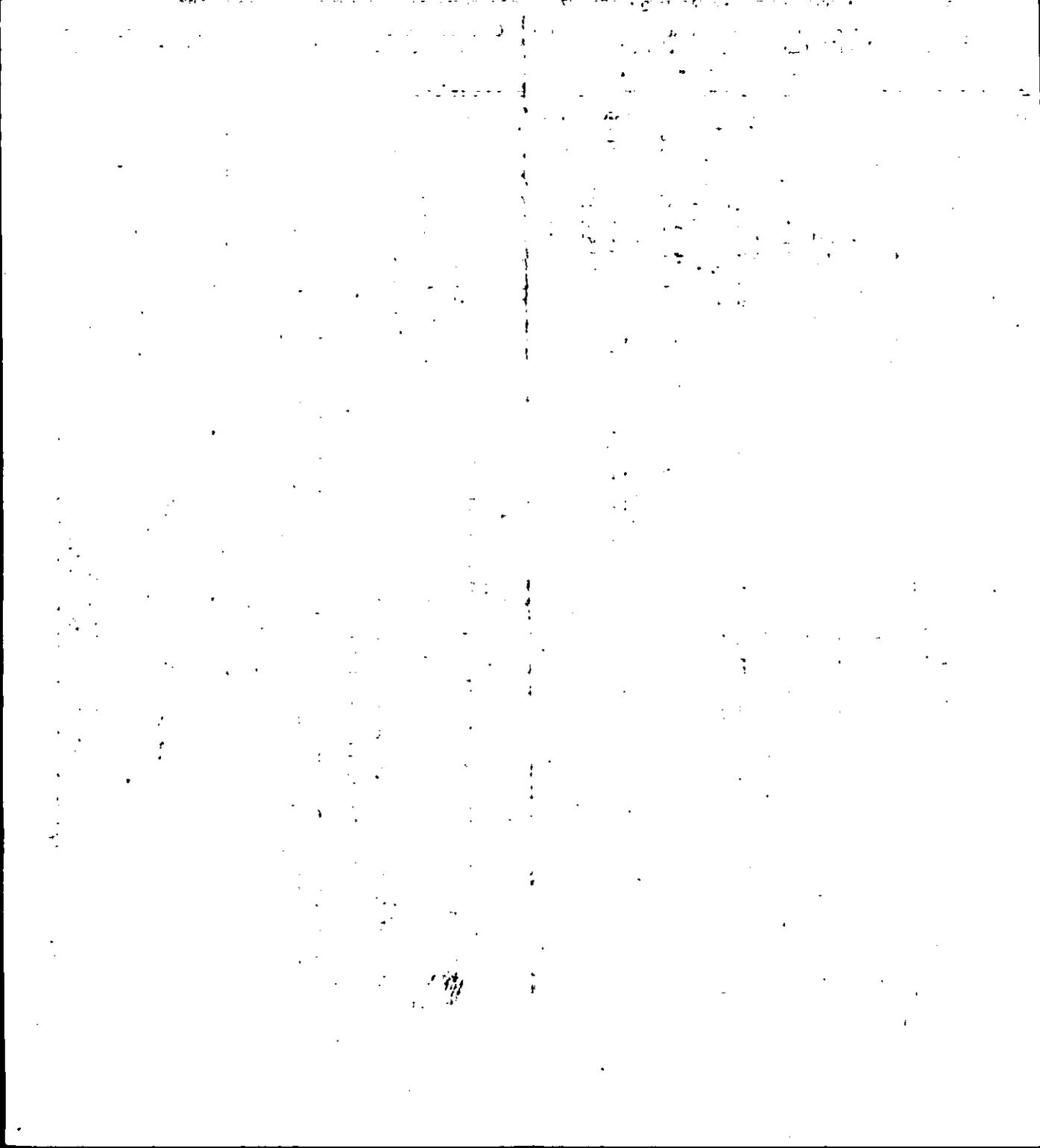
(Signed) C. Lawless Coroner M. D.

(Address) Mass Hill Mo

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.

7-2784



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

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1. PLACE OF DEATH
 County Saline Registration District No. 797 File No.
 Township Primary Registration District No. 6040 Registered No.
 City (No.) St. Ward)

2. FULL NAME Samuel Ashbury Godman
 (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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs or min.
39 8 20

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.
 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)

FATHER
 13. NAME

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

MOTHER
 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 11-18 1936 Mrs. Audrey Hepburn Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him Alive on 19..... Death is said to have occurred on the date stated above, at..... m.

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

Crushed Skull
car accident
Highway # 48
Owner and Driver

Date of onset

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) C. L. Hawless Cor., M. D.

(Address) Marshall

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.

SUPPLEMENTAL

5-43424