

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

Do not use this space.

APR 9 1937

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No.....
Primary Registration District No.....
(No. 1454 GREGG

791
1003

File No. 9884
Registered No. 2490
St. Ward

2. FULL NAME WILLIAM C. GODAT

(a) Residence, No. 1454 GREGG - Ave St. 4 Ward. 4
(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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Annie Godat</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>June 16, 1867</i>		
7. AGE YEARS <i>79</i>	MONTHS <i>8</i>	DAYS <i>15</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Farmer</i>		
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) <i>Richwoods, Mo.</i>
13. NAME <i>Eugene Godat</i>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Empidon</i>
15. MAIDEN NAME <i>Eva G. Springs</i>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Richwoods, Mo.</i>
17. INFORMANT (ADDRESS) <i>W. Godat, Richwoods, Mo.</i>
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Richwoods, Mo.</i> DATE <i>March 3, 1937</i>
19. UNDERTAKER (ADDRESS) <i>Ym. Caspary & Co., St. Charles, Mo.</i>
20. FILED <i>J. Bredeck, Registrar.</i>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *MAR - 1 -* 19 *37*

22. I HEREBY CERTIFY That I attended deceased from *AUG - 31 -* 19 *37*, to *MAR - 1 -* 19 *37*

I last saw him alive on *MAR. 1 - 37* 19... Death is said to have occurred on the date stated above, at *12:15* pm.

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

Apoplexy.
Senility
Date of onset *2/27/37*

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? *no*
If so, specify.....
(Signed) *W. B. Raughton*, M. D.
(Address) *3837 MARKET Blvd*

MAR 1 1937

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.

