DEC 28 1937

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

Do not use this space.

42345

1. PLACE OF DEATH
County Ste. Gen. Registration District No. 780 File No.
Township ~~Ste. Gen.~~ Primary Registration District No. 4466 Registered No. 58
City Ste. Genevieve (No. ..... St. ..... Ward)

2. FULL NAME Emily Jane Godier
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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 female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 24 1856

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
81	11	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Ste. Genevieve Missouri

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) Miss Odile Paindexter Ste. Genevieve Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ste. Genevieve Mo DATE Nov 7, 1937

19. UNDERTAKER (ADDRESS) Leo E. Basler Ste. Genevieve Mo

20. FILED Nov 7 1937 T. W. Douglas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-22, 1937, to Nov. 5, 1937
I last saw her alive on Nov. 4, 1937. Death is said to have occurred on the date stated above, at 2 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	2
Cerebral Hemorrhage	9/20/37
Other contributory causes of importance:	
Bronchopneumonia	11/1/37

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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 ....., 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) R. W. Lanning, M. D.
(Address) Ste. Genevieve Mo

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

42345

Do not use this space.

1. PLACE OF DEATH
(a) County: St. Genevieve — Registration District No.: 780
(b) Township: — Primary Registration District No.: 4466 — Registered No.:
(c) City: St. Genevieve — (d) Street No.: St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: Emily Jane Godier
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Wd

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.
81	11	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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: Henry McClain
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER
15. MAIDEN NAME: Elizabeth Simino
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Jan. 22, 1938 T. W. Douglas Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... 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:

	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) R. W. Lemming, M. D.
(Address) St. Genevieve Mo.

SUPPLEMENTARY