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.

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

Do not use this space.

REC'D MAR 21 1938

1. PLACE OF DEATH

64 County Marion — Registration District No. 548 — File No. 7424

Township Fabius — Primary Registration District No. 5743 — Registered No. 9

City ..... (No. ..... , ... St. ..... Ward)

2. FULL NAME George E. Godfry 316

(a) Residence, No. Palmyra, Mo. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. 6 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 30, 1856

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
82	0	8	

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. Gardener

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy, Illinois

FATHER

13. NAME Eugene W. Godfry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Taunton, Mass.

MOTHER

15. MAIDEN NAME Caroline Savage

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bangor, Maine

17. INFORMANT (ADDRESS) Eugene W. Godfry Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL Woodland Cemetery
PLACE Quincy, Ill. DATE 2/10/38, 19

19. UNDERTAKER (ADDRESS) Lewis Brown Palmyra, Mo.

20. FILED Feb 9 1938 Gertrude Lee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1938, to Feb. 4, 1938

I last saw him alive on Feb 4, 1938. Death is said to have occurred on the date stated above, at 7 a. m.

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

	Date of onset
Chronic myocarditis	
93 C	

Other contributory causes of importance: General weakness

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) Dr. T. A. Rosell, M. D.

(Address) Palmyra Mo

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