

REC'D APR 15 1938

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

9981

Do not use this space.

1. PLACE OF DEATH

(a) County Andrew Co Registration District No. 17
(b) Township Clay Primary Registration District No. 5-014 Registered No. 8
(c) City _____ (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

(a) Residence, No. Not Shell Dam Lake 340 St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (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.

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) Asunderd R. I. (STATE OR COUNTRY) no. 16

FATHER 13. NAME George Godloe

14. BIRTHPLACE (CITY OR TOWN) Andrew Co (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Ruth Dalk

16. BIRTHPLACE (CITY OR TOWN) Andrew Co (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Walter C. Myers, M.D.
Lawrence, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Not Name DATE 1938

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED 3-30 19 38 Mrs. Addie Barnes
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _____, 19 _____

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:

Still before
been dead several
days before death.

Date of onset

Other contributory causes of importance:

No Cause

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) Walter C. Myers, M. D.(Address) Lawrence, Mo.

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STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to sign the above constitutes grounds for revocation of license.)

MAN
(22)
CRE
2
2

ALL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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PLACE OF DEATH

County Andrew Registration District No. 17
Township Clay Primary Registration District No. 5014
City _____ (d) Street No. _____

Registered No. _____

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.
(If death occurred in Hospital or Institution, write its name instead of street and number)

DECEASED FULL NAME Stillborn Babe

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

MEDICAL CERTIFICATE OF DEATH

7 4. COLOR OR RACE w/lt 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1938

MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 25, 38
AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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.

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

Stillborn infant
Temperature probably
6 months pregnancy.
Other contributory causes of importance:
had been dead several
days.

BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

3. NAME

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

5. MAIDEN NAME

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

7. MANT (ADDRESS)

8. CREMATION, OR REMOVAL DATE _____, 19____

9. DIRECTOR (ADDRESS)

Aug 26, 1938 Mrs Lizzie Barnes
Local Registrar.

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) Walter C. Meyers, M. D.
(Address) Savannah Mo

SUPPLEMENTARY

