

REC'D SEP 12 1938

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. No. 500 S. Kings Highway Childrens Hosp Ward)
Registration District No. 791
Primary Registration District No. 1008 File No. 27662
Registered No. 7676

2. FULL NAME

Arthur Godfrey
(a) Residence, No. 4234 1/2 Norfolk St. 18 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Child (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-22-31

7. AGE YEARS 7 MONTHS 5 DAYS 5 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. child
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

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

FATHER 13. NAME Roscoe Godfrey

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

MOTHER 15. MAIDEN NAME Beatrice Kinzey

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

17. INFORMANT M. E. Matthews (ADDRESS) 500 S. Kings Highway

18. BURIAL, CREMATION, OR REMOVAL

PLACE Murphysboro Ill DATE 8-29 1938

19. UNDERTAKER Ray Crawshaw (ADDRESS) Murphysboro Ill

20. FILED AUG 30 1938 J. D. Brudick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-27 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-27 1938, to 8-27 1938

I last saw him alive on 8-27-38, 19..... Death is said

to have occurred on the date stated above, at 4 p. m.

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

Acidosis (diabetic)

Date of onset 8-27

Other contributory causes of importance:

Diabetes mellitus

3 yrs

Name of operation..... Date of.....

What test confirmed diagnosis? Co. 13 and 9 Was there an autopsy? Yes

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) J. D. Blatter, M. D.

(Address) 500 S. Kings Highway

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.

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Embodied by
Howard F Rowland
no 3114