

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

Do not use this space.

1. PLACE OF DEATH
County Butter Registration District No. 89 File No. 38712
Township _____ Primary Registration District No. 3007 Registered No. 219
City Poplar Bluff (No. _____) St. _____ Ward _____
2. FULL NAME Edward Shelby Godsey
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 29 1868
7. AGE YEARS 70 MONTHS 1 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
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) Deperbury Tenn
13. NAME Gideon B. Godsey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know
17. INFORMANT Mrs. Cora Godsey
(ADDRESS) Clinton Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Stanford DATE 11-10 1938
19. UNDERTAKER Worrig
(ADDRESS) Malden Mo
20. FILED 11-9 1938 Chittinger
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 9 1938
I HEREBY CERTIFY that I attended deceased from Nov 6 1938 to Nov 9 1938
I last saw him alive on Nov 9 1938. 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:
Chronic myocarditis
Chronic nephritis
Hypertension 121
Other contributory causes of importance:
Chronic mastoiditis Sept 1938
Marked secondary anemia
Name of operation none 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) J. H. Kuehler M. D.
(Address) Poplar Bluff, Mo

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1. PLACE OF DEATH

County..... Registration District No..... File No.....
 Township..... Primary Registration District No..... Registered No.....
 City..... (No.....) St. Ward)

2. FULL NAME.....

(a) Residence, No..... St., Ward.
 (Usual place of abode) (If nonresident, give city or town and State) S
 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 4. COLOR OR RACE 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.
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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.....
	10. Data 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
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER	15. MAIDEN NAME
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

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

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

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).....
 (Address).....

OCCUPATIONAL HISTORY

SUMED
i)