

1938 JAN 12

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

43220
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 347
(b) Township _____ Primary Registration District No. 3018 Registered No. _____
(c) City Clinton (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 37 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Lula Godwin
(a) Residence, No. Clinton mo 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ray Godwin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 22-1887
7. AGE YEARS 51 MONTHS 4 DAYS 3 If LESS than 1 day,hra. ormin.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Strouds Iowa

13. NAME Wm Kimball

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edge Co Iowa

15. MAIDEN NAME Ella F Garner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edge Co Iowa

17. INFORMANT (ADDRESS) Emily Kimball Clinton mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Anglemood DATE 12-27-1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred Wilkinson Clinton mo

20. FILED 12-31 1938 J. R. Hampton Local Registrar. Clinton, mo

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-25-1938

22. I HEREBY CERTIFY, That I attended deceased from June 23 19 to 12-20 1938.
First saw h. in alive on 12-24 1938. Death is said to have occurred on the date stated above, at 11:10 a.m.

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

Carcinoma of breast with metastasis.

Date of onset 50

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) Joseph B. O'Neil, M. D.

(Address) Clinton, mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

4-4-38

RECEIVED

District Health Officer No. 7,

District File Number 1-39-20

Date Filed 1-4-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

....., Registered Apprentice No.....

Signed.....

Licensed Embalmer No. 2478

P. O. Address 78 Club

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

If this body is not embalmed, above space should be left blank.