

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.

FILED MAY 9 1940

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

Do not use this space.

15328

1. PLACE OF DEATH

County Lawrence

Township Haril McVernon

City Mount Vernon

Registration District No. 470

Primary Registration District No. 51633

File No.

Registered No. 32

(No. Missouri State Sanatorium St. Ward)

2. FULL NAME 350 Dale Evans Godown

(a) Residence, No. Carrollton 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27, 1916

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
23 4 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Dec. 1938 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LaHarpe, Kansas

13. NAME Orval Lee Godown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La Harpe Kansas

15. MAIDEN NAME Alma Keltner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrollton Missouri

17. INFORMANT E. McMichael, Record Clerk (ADDRESS) Missouri State Sanatorium

18. BURIAL, CREMATION, OR REMOVAL PLACE LaHarpe Kan DATE April 12 1940

19. UNDERTAKER (ADDRESS) Over to Mr. Vernon

20. FILED April 1, 1940 P. A. HOLMES Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 1940

22. I HEREBY CERTIFY, That I attended deceased from

Mar. 31, 1939 to April 1, 1940

I last saw him alive on April 1, 1940. Death is said to have occurred on the date stated above, at 9:00 A. M.

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

Pulmonary tuberculosis Date of onset Spring 1938

Other contributory causes of importance:

Tuberculous enteritis
Cardiac decompensation (toxic)

Name of operation Date of
What test confirmed diagnosis? 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) Maurice J. Jones, M. D.
421 (Address) Mr. Vernon, Mo.

RECEIVED

District Health Officer No. 6,

District File No. 540-1239

Date Recd MAY 7 1940