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.

JAN 19 1932

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

Do not use this space.

415

1. PLACE OF DEATH 18
County Carter — Registration District No. 146 — File No.
Township Pike — Primary Registration District No. 5209 — Registered No.
City Fremont (No. ..... St. ..... Ward)

2. FULL NAME Millard Donald 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): —

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26 - 1929

7. AGE: YEARS 1 — MONTHS 11 — DAYS 9 — 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.
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) Carter County Mo

FATHER
13. NAME Millard Godsey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carter County Mo

MOTHER
15. MAIDEN NAME Nora Chasten
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds Co. Mo.

17. INFORMANT (ADDRESS) Millard Godsey Fremont

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fremont DATE Jan 5 1932

19. UNDERTAKER (ADDRESS) W. C. Cron Van Buren Mo

20. FILED Jan 19 1932 Jessie D Schupp Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-29-, 1931, to 1-4, 1932
I last saw him alive on 1-4, 1932. Death is said to have occurred on the date stated above, at 4:55 A.m.
The principal cause of death and related causes of importance were as follows:

Scarlet fever — Date of onset 12-29-31
8
109 A

Other contributory causes of importance:
Secondary pneumonia
8

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 ..... (1)
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) J. W. Cotton (J. A. B.), M. D.
(Address) Van Buren, Missouri