

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.

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

Do not use this space.

JUN 7 1936  
1. PLACE OF DEATH  
County Cooper Registration District No. 218  
Township \_\_\_\_\_ Primary Registration District No. 3015  
City Boonville (No. St. Joseph Hospital)  
2. FULL NAME Elizabeth Augusta Godamer  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Prarie Home, Mo.  
(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.

18972

File No. \_\_\_\_\_  
Registered No. 61  
St. \_\_\_\_\_ Ward \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Henry Godamer</u> (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 19<sup>th</sup> 1875</u>		
7. AGE <u>61</u>	YEARS <u>1</u>	MONTHS <u>25</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		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) <u>Garnett, Mo.</u> (STATE OR COUNTRY) <u>Missouri</u>		
13. NAME <u>Henry Rubin</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>Garnett, Mo.</u> (STATE OR COUNTRY) <u>Missouri</u>		
15. MAIDEN NAME <u>Amelia Schoele</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY)		
17. INFORMANT <u>A. W. Godamer</u> (ADDRESS) <u>Prarie Home, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Califonia, Mo. Cem.</u> PLACE <u>Boonville, Mo.</u> DATE <u>5-17-36</u>		
19. UNDERTAKER <u>C. Albert Hornbeck</u> (ADDRESS) <u>Prarie Home, Mo.</u>		
20. FILED <u>May 15 1936</u> <u>DeLooper</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-14-36

I HEREBY CERTIFY, That I attended deceased from Apr 4 to 5-14-36  
I last saw him alive on 5-13-36 Death is said to have occurred on the date stated above, at 5P m.  
The principal cause of death and related causes of importance were as follows:  
Acute Pericarditis Date of onset 7/4/36  
Libar Pneumonia 5/3/36  
Empyema 5/3/36  
Name of operation Drained Pleura Date of 5/16/36  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

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) A. L. Meredith M. D.  
(Address) Prarie Home Mo

