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

PLACE OF DEATH

County Dunklin

Township Cotton Hill

or

Village

or

City (NO. St.; Ward)

Registration District No. 289

Primary Registration District No. 5407

File No. 31118

Registered No. 84

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Edward J. Covalt

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR OR RACE: White

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

DATE OF BIRTH: Dec (Month) 31 (Day), 1891 (Year)

AGE: 19 yrs. 9 mos. 10 ds.

If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): 1-0 2

BIRTHPLACE (City or town, State or foreign country): Howell Co. Mo

PARENTS

NAME OF FATHER: Abraham Covalt

BIRTHPLACE OF FATHER (City or town, State or foreign country): Ohio

MAIDEN NAME OF MOTHER: Mary A. Lewey

BIRTHPLACE OF MOTHER (City or town, State or foreign country): Ala.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary A Lewey

(ADDRESS) Malden Mo.

Filed 9-12, 1911. S. E. Mitchell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 11 (Day), 1911 (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 8th, 1911, to Sept 11th, 1911, that I last saw him alive on Sept 11th, 1911, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Meningitis

563

798

61

(Duration) ✓ yrs. ✓ mos. 1/2 ds.

Contributory (SECONDARY) Acute Articular Rheumatism

(Duration) yrs. mos. 4 or 5 ds.

(Signed) H. E. Beall M. D.

9/13, 1911 (Address) Malden Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL: Bethany Cemetry

DATE OF BURIAL: 9-12, 1911

UNDERTAKER: C. W. Hopkins

ADDRESS: Malden Mo.

... may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH

County _____

Township _____
or
Village _____
or
City _____

FULL N

n; "Cancer" is
for malignant
Chronic valvu-
hritis, etc. The
affection need
: *Measles* (dis-
eumonia (sec-
ptoms or ter-

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

_____ File No. _____

ct No. _____ Registered No. _____

_____ St.; _____ Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

_____

PERSONA... ...ICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (*Write* the word)

DATE OF BIRTH

_____, *1*____
(Month) (Day) (Year)

AGE

_____ yrs. _____ mos. _____ ds.

If LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE
(City or town, State or foreign country)

PARENTS

NAME OF FATHER

BIRTHPLACE OF FATHER
(City or town, State or foreign country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____

(ADDRESS) _____

Filed _____, 191__, _____
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

_____, *191*____
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 191__, to _____, 191__, that I last saw h_____ alive on _____, 191__, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

_____

_____

_____ (Duration) _____ yrs. _____ mos. _____ ds.

Contributory _____
(SECONDARY)

_____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) _____ M. D.

_____, 191__ (Address) _____

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	_____, 191__
UNDERTAKER	ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CCCC... is very important