APR 22 1927

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

Do not use this space.

1. PLACE OF DEATH
County Buchannan — Registration District No. 85 — File No. 7320
Township — Primary Registration District No. 1001 — Registered No. 286
City St. Joseph. (No. St. Joseph's Hospital. St. Ward)

2. FULL NAME Cordy Searcey.
(a) Residence. No. 5020½ King Hill Avenue. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): November 25, 1871

7. AGE: Years 55 — Months 3 — Days 21. — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House-wife.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Ringo County.
(STATE OR COUNTRY): Iowa.

PARENTS
10. NAME OF FATHER: Joseph Glasybook.
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown.
(STATE OR COUNTRY): Kentucky.
12. MAIDEN NAME OF MOTHER: Mariah Patrick.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown.
(STATE OR COUNTRY): Kentucky.

14. INFORMANT: Kenneth V. Duncan.
(Address): 5020½ King Hill Ave.

15. FILED MAR 18 1927 — John G. Utz, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 16, 1927

17. I HEREBY CERTIFY, That I attended deceased from Mch 3 1927, to Mch 16 1927, that I last saw her alive on March 16, 1927, and that death occurred, on the date stated above, at 4.00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paralysis (Generalized) 82A
74B 82B (duration) yrs. 3 mos. ds.
CONTRIBUTORY (SECONDARY) Thrombus
Meningeal (duration) yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? St Joseph
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) G R Swinnon, M.D.
3/18 1927 (Address) St Joseph Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Ashland Cemetery.
DATE OF BURIAL: Mar 18 1927
20. UNDERTAKER: H. O. Sidenfaden
ADDRESS: 1802 Union St.

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.

...THIS IS A PERMANENT RECORD