OCT 29 1927

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

Do not use this space.

29387

1. PLACE OF DEATH
County: Webster — Registration District No.: 891
Township: — Primary Registration District No.: 4543
City: Seymour (No. ..... St. ..... Ward)

File No. ..... Registered No.: 26

2. FULL NAME: Eliza Jane Coday

(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 9 - 1858

7. AGE

| Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 69 | 6 | 5 | |

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

9. BIRTHPLACE (CITY OR TOWN): .....
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Billie Boff
11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Tenn.
12. MAIDEN NAME OF MOTHER: Mary Johnson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Tenn.

14. INFORMANT: Walter Coday
(Address): Seymour Mo

15. FILED: 9/14, 1927 L. A. Watson, REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 14 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1927, to Sept 14, 1927, that I last saw her alive on Sept 12, 1927, and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Valvular lesion of Heart
DCA
IMM
TOX
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No Date of .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) B. Trimble M. D
9/14, 1927 (Address) Seymour 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: Wynne Cemetery — DATE OF BURIAL: 9-16 1927

20. UNDERTAKER: L. A. Watson — ADDRESS: Seymour Mo.

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