

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

Do not use this space.

29553

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

1001

Township St. Joseph Mo.

Primary Registration District No. 1001

City St. Joseph Mo.

File No.

Registered No. 1072

St.

Ward)

2. FULL NAME

(a) Residence. No. 2530 So. 4th St., Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female White married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 19 1927

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

Lewis Cozine

17. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1927, to Oct 19, 1927 that I last saw her alive on Oct 15, 1927, and that death occurred, on the date stated above, at 9:30 P. M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

March 19 1901

THE CAUSE OF DEATH WAS AS FOLLOWS:

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>26</u>	<u>7</u>	<u>0</u>	

Apical pneumonia
(duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

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

(c) Name of employer

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

9. BIRTHPLACE (CITY OR TOWN)

Castro

10. NAME OF FATHER

General B Doe

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Unknown

12. MAIDEN NAME OF MOTHER

Mary Lewis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Castro

14. INFORMANT

Lewis Cozine
2530 So. 4th

15. FILED

John W. ...
St. Joseph

18. WHERE WAS DISEASE CONTRACTED
NOT AT PLACE OF DEATH

B. DID AN OPERATION PRECEDE DEATH? DATE OF ...
NO WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Widal
(Signed) W. H. Goff, M. D.

10/21/1927 (Address)
*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

King Hill Cem. DATE OF BURIAL Oct 21 1927

UNDERTAKER Fred D. Clark ADDRESS 5025 K. Ave

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.

27

FILED 21 1927

