MAR 26 1928

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

Do not use this space.

6176

1. PLACE OF DEATH
County St Louis — Registration District No. 784 — File No.
Township St Ferdinand — Primary Registration District No. 6030 — Registered No.
City ~~Florissant~~ Mo. (No. Florissant Mo St. Ward)

2. FULL NAME James F Cody
(a) Residence. No. Florissant Mo St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 8 - 1850

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
77	2	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer (retired)
(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) Ireland

PARENTS
10. NAME OF FATHER Perry Cody
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Dont know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Mr. W. F. Coyle
(Address) 7728 Augusta Ave

15. FILED 2-22, 1928 O Schuck REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 21 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1928, to Feb - 21, 1928 that I last saw b. 2227 alive on Feb 21, 1928, and that death occurred, on the date stated above, at 2 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Cardiac Dilatation
95P
(duration) yrs. mos. 4 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) J. J. Millmann, M. D
2-21, 1928 (Address) Florissant, 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: St Anns Cem
DATE OF BURIAL: 2-23 1928

20. UNDERTAKER: Geo. L. Pleitsch
ADDRESS: 5966 Easton 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.