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

Do not use this space.
15125
~~14858~~

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St. Louis, Mo. (No. 3120a Nebraska Avenue St. ..... Ward)

File No. ..... Registered No. 4048

2. FULL NAME Mary Ann Cosby

(a) Residence. No. 3120a Nebraska Avenue St., 24 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 18, 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	74	4	23	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

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

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) St. Louis,
(STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER Thomas Tomkins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) England

12. MAIDEN NAME OF MOTHER Mary Kettels

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland

14. INFORMANT Anna Cosby
(Address) 3120a Nebraska Ave.

15. FILED ..... 19 ..... Mary C. Starke REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 11th, 1928

17. I HEREBY CERTIFY, That I attended deceased from August 15, 1927, to April 11, 1928 that I last saw h.e.r. alive on April 10, 1928, and that death occurred, on the date stated above, at 5:15 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis, chr.
9 mo
10 mo 90 B
(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Hypostatic Pneumonia
Bronchi (duration) ..... yrs. ..... mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? St. Louis

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam. + Lab.

(Signed) J. Lewis Hutton, M. D
April 12 1928 (Address) 3400 California Ave.

*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	DATE OF BURIAL
New St. Marcus	Apr. 13, 1928

20. UNDERTAKER Wacker-Heldrich S. Bidwy ADDRESS 3331

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.