JUL 6

1928

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

Do not use this space.

17463

File No. ..... Registered No. 8

1. PLACE OF DEATH

County: Jasper — Registration District No. 405

Township: ~~Mineral~~ — Primary Registration District No. 4239

City: Alba Mo. (No. ....., ... St. ..... Ward)

2. FULL NAME: Welthy M. Coss

(a) Residence. No. ..... St., ... Ward. Alba Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F.	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 14th. 1842

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
86	2	12	

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) ..... (STATE OR COUNTRY): Ohio

PARENTS

10. NAME OF FATHER: Saldon Field

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

12. MAIDEN NAME OF MOTHER: Ludia Kolchum

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): New York

14. INFORMANT: Mrs Elsa Green
(Address): Alba Mo.

15. FILED: 5-26, 1928. Effie Green, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 26, 1928

17. I HEREBY CERTIFY, That I attended deceased from May 25, 1928, to May 26, 1928, that I last saw him alive on May 25, 1928, and that death occurred, on the date stated above, at 12:33 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Stenosis 151
Myocarditis 324
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Chronic nephritis
about 8 (duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W. H. Logan, M. D.

5/26, 1928 (Address) Neck City 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: Nashville Mo.

DATE OF BURIAL: 5/27/1928

20. UNDERTAKER: Steele Und Co.

ADDRESS: Webb City

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

[illegible]