JUL 6

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

Do not use this space.

17537

1. PLACE OF DEATH
County Jefferson — Registration District No. 420 — File No.
Township — Primary Registration District No. 3022 — Registered No. 449
City De Soto — No. — St. — Ward)

2. FULL NAME Cora Louise Dover

(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: F
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: J S Dover 1878

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 6 1878

7. AGE: Years 49 — Months 8 — Days — If LESS than 1 day, ...hrs. or ....min.

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): Jefferson Co

PARENTS
10. NAME OF FATHER: Martin Ogle
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Virginia
12. MAIDEN NAME OF MOTHER: Stewart
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Virginia

14. INFORMANT: J S Dover
(Address): De Soto Mo

15. FILED 5/17, 1928 — D L Pangely, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 6 1928

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1927, to May 6, 1928, that I last saw her alive on May 5, 1928, and that death occurred, on the date stated above, at 4 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral regurgitation of heart
Front
92H (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): 10a (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) Walter E Gibson, M.D.
May 17, 1928 (Address) De Soto 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: City Cem. De Soto — DATE OF BURIAL: May 8 1928

20. UNDERTAKER: C H Barnhart — ADDRESS: De Soto.

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.

WHITE PERMIT, WITH UNFADING INK—THIS IS A PERMANENT RECORD