

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

Do not use this space.

20014

**1. PLACE OF DEATH**

County Buchanan  
Township Washington  
City Washington

Registration District No. 86

File No. \_\_\_\_\_

Primary Registration District No. 8127  
**1/2 Mi. No. of Industrial City.**

Registered No. 37

on E. Savannah Road. (Ward)

**2. FULL NAME**

**Ada Frances Cordry**

(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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>Single</b>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Oct, 21, 1920**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<b>7</b>	<b>7</b>	<b>19</b>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **None.**

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **St. Joseph, Mo.**  
(STATE OR COUNTRY)

10. NAME OF FATHER **Thos. G. Cordry**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Union Star, Mo.**  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Maud Elliott**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Council Bluffs, Ia.**  
(STATE OR COUNTRY)

14. INFORMANT **Thos. G. Cordry**  
(Address) **R. F. D. #2. City.**

15. FILED June 12, 1928 J. J. Bausch  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June, 10, 1928;**

17. I HEREBY CERTIFY That I attended deceased from Mar 22 1928 to June 10 1928, and that (that I last saw h. alive on June 10 8.00 P.M. 1928, and that death occurred, on the date stated above, at 8.00 P.M. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Miliary tuberculosis of lungs**  
13. A

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
**CONTRIBUTORY (SECONDARY)** 31  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

0 DID AN OPERATION PRECEDE DEATH. No. DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) P. R. McMill, M. D.

June 12, 1928 (Address) 708 Kirkpatrick Bldg. St. Joseph

\*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 **Mt. Auburn Cemetery** DATE OF BURIAL **June, 12, 28**

20. UNDERTAKER **Walter Meinhoff** ADDRESS **1302 Faron St.**

RECORDING INFORMATION - THIS IS A PERMANENT RECORD

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.

JUL 24 1928

1/10/20