N 20 1928

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

Do not use this space.

32654

1. PLACE OF DEATH

County: Atchinson — Registration District No.: 22

Township: Lincoln — Primary Registration District No.: 503

City: ..... (No. ..... St. ..... Ward)

File No.: 14

Registered No.: 14

2. FULL NAME: Cordelia Levina McCord

(a) Residence. No. ..... 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William O. McCord

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan, 18, 1849

7. AGE: Years 79 — Months 8 — Days 20 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): Missouri

PARENTS

10. NAME OF FATHER: John Iker

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

12. MAIDEN NAME OF MOTHER: Rilla Estes

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

14. INFORMANT: Harley McCord
(Address): College Springs, Iowa.

15. FILED: Oct 10, 1928 — [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): October 9th 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1928, to October 9th, 1928, that I last saw h. 9th alive on Oct. 7th, 1928, and that death occurred, on the date stated above, at 9 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
9th

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): .....
..... (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) Edward Luke, M. D
Oct 10, 1928 (Address) Coin Iowa

*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: College Springs — DATE OF BURIAL: Oct, 11 1928

20. UNDERTAKER: Scott Tucker — ADDRESS: Westboro, MO

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.

PERMANENT RECORD