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.

26 1928

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

Do not use this space.

36418

1. PLACE OF DEATH
County Clay
Township Liberty
City Chandler (No. ..... St. ..... Ward)
Registration District No. 201
Primary Registration District No. 5280
File No. .....
Registered No. 111

2. FULL NAME Bess Elihu Covington
(a) Residence. No. ..... Ward. .....
(Usual place of abode) Chandler Mo. (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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widower.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 3-1852
7. AGE: Years 76 | Months 5 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer.
(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): Madison Co. Ky.

PARENTS
10. NAME OF FATHER: Milton Covington
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky
12. MAIDEN NAME OF MOTHER: Paulina Dilling Ham
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ky

14. INFORMANT (Address): James Covington Liberty Mo
15. FILED 12/10/28 19 Wm H Goodson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 4. 1928
17. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1928, to Nov 4, 1928 that I last saw him alive on Nov 4, 1928, and that death occurred, on the date stated above, at 2 30 P m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Aortic Regurgitation
General Artero sclerosis
92 A
92 (duration) 1 yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) 98 A
(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) Burton Maltby M. D
Nov 5, 1928 (Address) Liberty 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: Chandler Mo.
DATE OF BURIAL: 11/5/1928
20. UNDERTAKER: Church-Archer Co
ADDRESS: Liberty Mo