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.

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

JAN 23 1929

Do not use this space.

41238

1. PLACE OF DEATH

County: Jackson — Registration District No. 400

Township: Prairie — Primary Registration District No. 5553B

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

File No. .....

Registered No. 167

2. FULL NAME Robert Cory

(a) Residence. No. Jackson Co. Home St. ..... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred about 5 years 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)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-4-1842

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	86	6	11	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Undertaker

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

(c) Name of employer: —

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Indiana

PARENTS

10. NAME OF FATHER Robert Cory

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Matilda McCowan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Pa.

14. INFORMANT J. N. Hostetter
(Address) Jackson Co. Home

15. FILED 12-18, 1928 J. M. Behide
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-18-1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1928, to Dec 17, 1928, that I last saw him alive on Dec 17, 1928, and that death occurred, on the date stated above, at 9 am.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
chronic myocarditis

(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? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J. W. Green, M. D
12/18, 1928 (Address) Independence, 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: Western Dental College

DATE OF BURIAL: Dec 20 1928

20. UNDERTAKER: Netherton Funeral Home

ADDRESS: K. City, Mo.

Mr Shich.