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

Do not use this space.

7814

1. PLACE OF DEATH
County: Ste Genevieve — Registration District No. 780
Township: — Primary Registration District No. 4466
City: Ste. Genevieve (No. ..., ... St. ... Ward)

File No.
Registered No. 11

2. FULL NAME: James Earl Cossman

(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.

MAR 27 1929

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.

THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 15 1922

7. AGE: Years 6 | Months 7 | Days 2 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Scholar
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Harmington
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: William Cossman
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Fredericktown
(STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Maud Holmes
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): St Francois Co
(STATE OR COUNTRY): Missouri

14. INFORMANT: William Cossman
(Address): Ste. Genevieve Mo

15. FILED Feb 18 1929 T.W. Douglas
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 17 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1929 to Feb. 17, 1929 that I last saw ~~him~~ alive on Feb. 16, 1929, and that death occurred, on the date stated above, at 8 30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108
110A (duration) ... yrs. ... mos. 10 ds.
CONTRIBUTORY (SECONDARY): Empyaemia
(duration) ... yrs. ... mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED: Home
IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Feb 7, 1929
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) R. C. Lanning, M. D
2/18, 1929 (Address) Ste. Genevieve 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~~: Ste. Genevieve Mo
DATE OF BURIAL: Feb 18 1929

20. UNDERTAKER: John Backer
ADDRESS: Ste. Genevieve Mo