

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

Do not use this space.

25826

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis, Mo. (No. Central Hospital) St. _____ Ward _____

File No. _____
 Registered No. 6992

2. FULL NAME

Lura Lee Cossairt

(a) Residence No. _____ St. 19 Ward. Bloomfield, Mo.
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. 7 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|--|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Albert Cossairt</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>October 30, 1877</u> | | |
| 7. AGE YEARS <u>51</u> | MONTHS <u>8</u> | DAYS <u>1</u> |
| 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) Bloomfield
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER W.R. Huggins,
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
 12. MAIDEN NAME OF MOTHER Mahole Hale
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ind.

14. INFORMANT John H. Huggins
 (Address) Bloomfield, Mo.

15. FILED 1919 REGISTAR

MEDICAL CERTIFICATE OF DEATH

3
 16. DATE OF DEATH (MONTH, DAY AND YEAR) July 1st 1924
 17. I HEREBY CERTIFY, That I attended deceased from June 28 1924 to July 1st 1924 that I last saw him alive on July 1st 1924 and that death occurred, on the date stated above, at 2 30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intestinal obstruction
 (duration) _____ yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Colic
 (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 28/24
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS Colic
 (Signed) John A. Huggins, M. D.
 (Address) W. H. Huggins, Bloomfield, 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 Bloomfield, Mo. DATE OF BURIAL July 5 1924
 20. UNDERTAKER J. A. Childers, Had ADDRESS Bloomfield, Mo.

WRITE PLAINLY, WITH UNFADING INK---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.

Wm. H. G. P.