

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

Do not use this space.

39744

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township..... Primary Registration District No. 1001
 City St. Joseph (No. 925 Morgan St.) St. Ward)

File No.
 Registered No. 1423
 St. Ward)

2. FULL NAME Philip Dent Cogdill
 (a) Residence. No. 925 Morgan St. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella May Cogdill
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 13, 1872
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 8 1

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) Retired
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Maysville
 (STATE OR COUNTRY) Missouri

PARENTS
 10. NAME OF FATHER James Cogdill
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Unknown
 12. MAIDEN NAME OF MOTHER Unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Unknown

14. INFORMANT Mrs. Roy Huges
 (Address) 925 Morgan St.

15. FILED DEC 16 1929
John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 15, 1929

17. I HEREBY CERTIFY, That I attended deceased from 11-27, 1929, to 11-28, 1929, that I last saw him alive on 11-28, 1929, and that death occurred, on the date stated above, at 9:15 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Sarcoma of thigh
cutaneous

CONTRIBUTORY (SECONDARY) Yes
 (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) Est. J. Gausson, M. D.

12/16, 1929 (Address) 107 1/2 W. Moore

*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 Sharp Cem. Near Oaks, Mo. DATE OF BURIAL Dec. 16 19 29

20. UNDERTAKER Fred D. Clark 5025 1/2 Inhill ADDRESS

