

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

Do not use this space.

2562

1. PLACE OF DEATH

County St. Louis Registration District No. 789 File No. _____
 Township Central Primary Registration District No. 6033B Registered No. 31
 City 2418 Oakland Ave Overland Park (No. _____) (Ward _____)

2. FULL NAME Alice Cody

(a) Residence. No. 2415 Oakland Ave 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 <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>Thomas G. Cody</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct. 1 - 1865</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>3</u>
	DAYS <u>22</u>	IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. at home
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Alton

(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Fredrick Walters
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) England
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Rose Mulcahey
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Alton
 (STATE OR COUNTRY)

14. INFORMANT Med Cody

(Address) 4829 Margaretta
 15. FILED 1/26 1930 Walter Tracy M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 20 - 1930
 17. I HEREBY CERTIFY, That I attended deceased from April 1 - 1929 to Jan 25 - 1930, 1930 that I last saw him alive on Jan 25, 1930, and that death occurred, on the date stated above, at 4 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

59 Diabetes
118c
 (duration) 1 yrs. mos. da.
 CONTRIBUTORY Chronic Gastritis
 (SECONDARY) (duration) _____ yrs. mos. da.

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 Benedict
 (Signed) J.W. Allen M. D.

1-25-1930 (Address) 1235 Franklin
 *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 Valhalla Cemetery DATE OF BURIAL Jan 28 1930
 20. UNDERTAKER Wm L. L. Co ADDRESS 2707 N. Grand

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.

235-92815

