APR 30 1930

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

Do not use this space.

9429

1. PLACE OF DEATH
County McDonald — Registration District No. 315 — File No.
Township — Primary Registration District No. 4311 — Registered No.
City Southwest City (No. ..... St. ..... Ward)

2. FULL NAME Richard Williams Covey
(a) Residence. No. Main Street St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: American
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marinda C. Covey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 20th 1853

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
77		10	

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

9. BIRTHPLACE (CITY OR TOWN) Bentonville
(STATE OR COUNTRY) Arkansas

PARENTS
10. NAME OF FATHER Wilcom B. Covey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tennessee
12. MAIDEN NAME OF MOTHER Martha Probey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tennessee

14. INFORMANT Marinda C. Covey
(Address) Southwest City Mo.

15. FILED ....., 19..... 3/12/1930 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-2-1930

17. I HEREBY CERTIFY, That I attended deceased from 2-26-, 1930, to 3-2-, 1930 that I last saw him alive on 3-2, 1930, and that death occurred, on the date stated above, at 3.30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Embolism
Secondary to Infected Leg
22B
57A
1010
(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? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) E. V. Poynor, M. D.
, 19 (Address) Southwest City 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: Southwest City
DATE OF BURIAL: 3/4th 1930

20. UNDERTAKER: Nichols Brothers
ADDRESS: Southwest City Mo.

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.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County McDonald Registration District No. 315 File No.
Township Primary Registration District No. 4311 Registered No.
City Sweet City (No. St. Ward)

2. FULL NAME Richard William Cavey
(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

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

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

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

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

14. INFORMANT
(Address)

15. FILED 6/11 1930 John J. Nichols REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-2-1930

17. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19 that I last saw h alive on , 19 , and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Embolism
Secondary to infected
leg Arthritis secondary to
also Bruised Limb
(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)
Later
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
Bruised caused by contact with
log while clearing timber
IF NOT AT PLACE OF DEATH? Respty
DID AN OPERATION PRECEDE DEATH? DATE OF J.J.Nichols
WAS THERE AN AUTOPSY? Local Registrar
WHAT TEST CONFIRMED DIAGNOSIS? June 23rd/1930
(Signed) , M. D
, 19 (Address)

*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 | DATE OF BURIAL 19

20. UNDERTAKER | ADDRESS

SUPPLEMENTARY

743

N. -Every item of information should be carefully supplied. AGE should be stated EXACTLY. PH... CA E OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIO... REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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