

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

Do not use this space.

1. PLACE OF DEATH

County Adair
Township Clay
City (No.)

Registration District No. 1023
Primary Registration District No. 5-004

File No. 11560
Registered No. 1
St. Ward)

2. FULL NAME

George W. Cody

(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 4th 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 8 4

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)

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shurt Co. Mo.

10. NAME OF FATHER Geo. Cody

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ind.

12. MAIDEN NAME OF MOTHER Mary Jackson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Va.

14. INFORMANT Joe Cody (Address) Edina. Mo.

15. FILED April 19 1930 Martha McKenney REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 8th 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr. 1, 1930 to April 8, 1930 that I last saw him alive on April 8, 1930; and that death occurred, on the date stated above, at 6 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Organic Heart disease
95 B
277
(duration) 6 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Sclerosis of blood vessels
(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH at place of death

DID AN OPERATION PRECEDE DEATH? No DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? Clinical examination
(Signed) Dr. S. L. Linn, M. D.

4/8, 1930 (Address) Baring. 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 St. Marys Cemetery DATE OF BURIAL 4/9 1930

20. UNDERTAKER F. R. Easley ADDRESS Baring.

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.

MAY 1 22 1930

