

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

Do not use this space.

22873

2865

1. PLACE OF DEATH **U.S.V. Hosp.**

County **Jackson**

Registration District No. **391**

Township

Primary Registration District No. **102**

City **Kansas City, Mo.**

(No. _____)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME **CODDING, Martin Oscar**

C-None WOE

(a) Residence No. **1129 Prospect**
(Usual place of abode)

St. **9**

Ward **Sgt. Major, Co B 140 Pa Vol. Inf**

Length of residence in city or town where death occurred **Kansas City, Mo.**

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

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Isabella Coddington

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **June 14, 1840**

7. AGE

YEARS

MONTHS

DAY

IF LESS than 1 day, _____ hrs. or _____ min.

90

0

27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Retired**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

LaRaysville

(STATE OR COUNTRY)

Pennsylvania.

10. NAME OF FATHER

Unknown David Coddington

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

New York

12. MAIDEN NAME OF MOTHER

Unknown - Dad

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

New York

14.

INFORMANT (Address)

Hospital Records.

Jay Coddington

15.

FILED

7/27/30 Peery - REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **July 11** 19 **30**

17.

I HEREBY CERTIFY, That I attended deceased from **July 5** 19 **30** to **July 11** 19 **30** that I last saw him alive on **July 11** 19 **30** and that death occurred, on the date stated above, at **10:50 P.M.** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Aneurism Arch of Aorta with myocardial decompensation.

96
930
95A (duration) **2 or more** mos. ds.

CONTRIBUTORY **Auricular Fibrillation** (SECONDARY)

(duration) **2 or more** yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

Unknown

DID AN OPERATION PRECEDE DEATH? **No** DATE OF _____

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? **Physical Exam.**

(Signed) **W. E. Chambers** M. D.
W. E. CHAMBERS, Medical Officer in Charge
821 U.S.V. Hospital, Kansas 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 DATE OF BURIAL

Cabarrus Cemetery 19 **30**

20. UNDERTAKER

ADDRESS

J. S. ... 325 Broadway

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.

