

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

Do not use this space.

40270

PLACE OF DEATH

County Greene County
Township Bethel
City P. Bennett Mill (No.)

Registration District No. 639
Primary Registration District No. 5848

File No.
Registered No.
St. Ward)

2. FULL NAME Emmanuel Victor Cordrey

(a) Residence No. St. Ward.
(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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 17, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
65 | 11 | 16

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)
(c) Name of employer

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

10. NAME OF FATHER Jacobs Cordrey

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

12. MAIDEN NAME OF MOTHER Mary Davis

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

14. INFORMANT E. P. Cordrey
(Address) Conover Park

15. FILED Dec 30 1930 Esther Sord
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 28 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1930, to Dec 28, 1930, that I last saw him awake alive on Dec 28, 1930, and that death occurred, on the date stated above, at 10 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Labor Pneumonia

108 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 1012
(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) H. S. Goulet, M. D.
, 19 (Address) Chambers 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 Hancock Cemetery
And, Mo. DATE OF BURIAL 12/30 1930

20. UNDERTAKER F. Engelage
Chambers, 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.

1931
DEC 21

