WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

12243

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 3504

City St. Louis, Mo. (No. City Hospital #2 St. ..... Ward)

2. FULL NAME NATHANIEL COZART

(a) Residence. No. 1213 SUBLET St., 4 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
abt.	31	—	—	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work WATCHMAN

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

(c) Name of employer

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

PARENTS

10. NAME OF FATHER RICHARD COZART

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

12. MAIDEN NAME OF MOTHER UNKNOWN

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

14. INFORMANT A. GERTRUDE CREATH
(Address) CITY HOSPITAL #2

15. FILED MAR 21 1931 19 Max C Starley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3 — 18 — 1931

17. I HEREBY CERTIFY, That I attended deceased from 3 — 12 —, 1931, to 3 — 18 —, 1931 that I last saw him alive on 3 — 18 —, 1931, and that death occurred, on the date stated above, at 3:50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

PULMONARY TUBERCULOSIS

23A (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) UNKNOWN

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

23

IF NOT AT PLACE OF DEATH UNKNOWN

DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? YES (1)

WHAT TEST CONFIRMED DIAGNOSIS? AUTOPSY - CLINICAL - LAB

(Signed) Henry A. Hampton, M. D.

3-19-, 1931 (Address) City Hosp. #2

*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
Washington Park	3/23/1931
20. UNDERTAKER	ADDRESS
Peoples Und. Co.	3100 Franklin