

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

Do not use this space.

795

1. PLACE OF DEATH  
 39 County Green Registration District No. 318  
 Township Springfield Primary Registration District No. 5439  
 City Springfield (No. R #1) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Beatrice Ann Cogswell  
 (a) Residence, No. R.F.D. #1 St. \_\_\_\_\_ Ward \_\_\_\_\_  
 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)

File No. 82  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. H. Cogswell (Dee)  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 17, 1843  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
89 0 13  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 107A  
 10. Date deceased last worked at this occupation (month and year) 107 11. Total time (years) spent in this occupation  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas  
 MOTHER FATHER 13. NAME Joshua Horn  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas  
 15. MAIDEN NAME Patent  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas  
 17. INFORMANT Clarence Healdeneth  
 (ADDRESS) Springfield Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Hatchinson, Mo. DATE 2-21-32  
 19. UNDERTAKER Alva Schmege  
 (ADDRESS) 536 1/2 Louis St.  
 20. FILED 2-1-32 For Sharp Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-30-1932  
 22. I HEREBY CERTIFY, that I attended deceased from Dec 29 1931, to Jan 30 1932  
 I last saw him alive on Dec 29 1931. Death is said to have occurred on the date stated above, at 8:15 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Pneumonia  
and Senility  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: Heart fail as I only saw her on Dec 29 1931  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? 107 Was there an autopsy? \_\_\_\_\_  
 23. If death was due to external causes (violence) fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
 Manner of injury \_\_\_\_\_  
 Nature of injury 1  
 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) C. H. Myers M. D.  
 (Address) 318 1/2 College St

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.

FEB 24 1932

