

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

Do not use this space.

✓ 2954

1. PLACE OF DEATH

County Registration District No. 191
 Township Primary Registration District No. 1002
 City St. Louis (No. 7123 Virginia Ave) St. Ward)

File No.
 Registered No. 677

2. FULL NAME

(a) Residence, No. 7123 Virginia St., 1 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 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) Mary T. Cozart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 6 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman 182

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Barber

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo. 1

MOTHER FATHER 13. NAME James Cozart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

15. MAIDEN NAME Mary Courtney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Mary T. Cozart (ADDRESS) 7123 Virginia

18. BURIAL, CREMATION, OR REMOVAL PLACE McDowell Cem. DATE Jan 22 1932

19. UNDERTAKER Cullinan Bros. (ADDRESS) 1710 Olive

20. FILED Jan 21 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20th 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to Jan 20, 1932
 I last saw him alive on Jan 19, 1932. Death is said to have occurred on the date stated above, at 3:00 p.m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of large bowel (hepatic flexure ascending colon) 6/1/31
 Date of onset
 Other contributory causes of importance:
None
 Name of operation none Date of
 What test confirmed diagnosis? X-rays Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 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

24. Was disease or injury in any way related to occupation of deceased? h
 If so, specify Overexertion
 (Signed) Owen J. McNamee, M. D.
 (Address) 7608 Michigan

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.

Dr. J. W. M. Norton

Jan. 31, 1884

Grand Junction