

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

Do not use this space.

9116

1. PLACE OF DEATH

5-8 County Linn Registration District No. 496
1 Township..... Primary Registration District No. 3025
1 City Brookfield (No.....) St. 3 Ward.....

File No.....
Registered No. 173 St. 3 Ward.....

2. FULL NAME

(a) Residence, No. 332 Myatt St., 3 Ward.....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF G. B. Davis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-11-1857
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 7 1
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 3-5-32 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsfield Pa. Co. 2

FATHER 13. NAME Michael Cody 9

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

MOTHER 15. MAIDEN NAME Dellah Marshall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Covington N.Y. 7

17. INFORMANT G. B. Davis (ADDRESS) 332 Myatt - St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Free Hggs DATE 3-14 1932

19. UNDERTAKER Burial (ADDRESS) Brookfield

20. FILED 3-13 1932 L. E. Jenkins Registrar

MEDICAL CERTIFICATE OF DEATH

2 DATE OF DEATH (MONTH, DAY, AND YEAR) 3-12-32 1932
22. I HEREBY CERTIFY, That I attended deceased from 3-6, 1932, to 3-12, 1932
I last saw him alive on 3-12, 1932 Death is said to have occurred on the date stated above, at 49 m.
The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia
930 (double)
107A
930
Other contributory causes of importance:
Ch. Myocarditis
Unknown
Date of onset 7-6-32

Name of operation..... Date of.....
What test confirmed diagnosis? Chemical 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? No
If so, specify..... (Signed) J. Lane M. D.
Brookfield Mo. (Address) 3-12-32

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.

APR 7 1932

