

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

Do not use this space.

18544

1. PLACE OF DEATH

County Wright
Township Clarks
City (No. _____) _____ St. _____ Ward _____

Registration District No. 1122
Primary Registration District No. 6226

File No. _____
Registered No. 7

2. FULL NAME

Tellitha Cogdell

(a) Residence, No. _____ St. _____ 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 _____ 4. COLOR OR RACE _____ 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W A Cogdell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/11/1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
61 1 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 235
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeper
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) Mo.

13. NAME Abner Short

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Margarett Burnett

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

17. INFORMANT (ADDRESS) Mattie Duke Peterson Ia

18. BURIAL, CREMATION, OR REMOVAL PLACE Starberry Mo. DATE 5/5 1932

19. UNDERTAKER (ADDRESS) Ella J. Bouldin Northwood Mo.

20. FILED 5/3 1932 T. B. Bouldin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2 1932

22. I HEREBY CERTIFY, That I attended deceased from April 29 1932 to May 2 1932
I last saw him alive on April 17 1932 Death is said to have occurred on the date stated above, at 10:55 p.m.
The principal cause of death and related causes of importance were as follows:

Pneumonia Date of onset _____

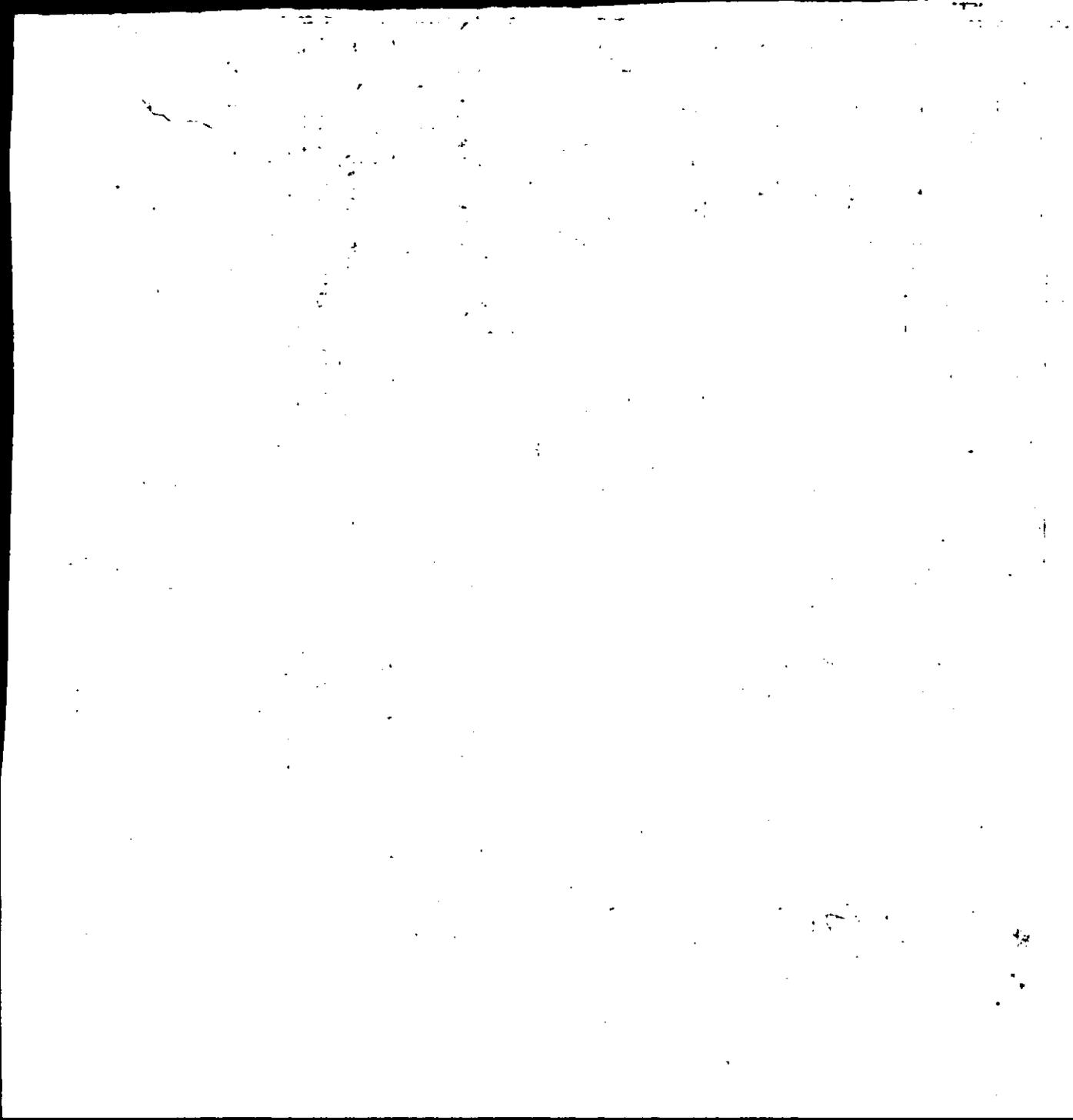
Other contributory causes of importance: 1
Metral Insufficiency

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____ 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? _____
If so, specify _____
(Signed) E. J. Varnum, M. D.
(Address) Northwood Mo.



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Wright Registration District No. 1122 File No. _____
Township Clark Primary Registration District No. 6226 Registered No. 7
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Tellitha Cogdill

(a) Residence, No. _____ St. _____ 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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	
	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) _____	11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____		
FATHER	13. NAME _____	
	14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____	
MOTHER	15. MAIDEN NAME _____	
	16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____	
17. INFORMANT (ADDRESS) _____		
18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19. _____		
19. UNDERTAKER (ADDRESS) _____		
20. FILED <u>573</u> <u>1932</u> <u>773 Bouldin</u> Registrar _____		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the _____ above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Pneumonia
Lobar
108

Other contributory causes of importance:
mitral insufficiency

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____, 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? _____
If so, specify _____

(Signed) _____, M. D.
(Address) _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATE OF DEATH

5/18544