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.

NOV 29 1932

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

Do not use this space.

32898

1. PLACE OF DEATH

64 County Marion — Registration District No. 547 — File No.

1 Township Mason — Primary Registration District No. 3029 — Registered No. 276

8 City Hannibal (No. , St Elizabeths Hospital St. Ward)

2. FULL NAME Louise Leonora Cordry

(a) Residence, No. 2619 Carroll St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edmund Lorenzo Cordry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12, 1864

7. AGE: YEARS 68 — MONTHS 8 — DAYS 13 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 235
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
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) Buffalo New York ?

FATHER

13. NAME ? Krause
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data Germany 16

MOTHER

15. MAIDEN NAME No Data
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data Germany

17. INFORMANT (ADDRESS) E. E. Cordry Son 2619 Carroll St, Hannibal, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Louis Mo DATE Oct 27, 1932

19. UNDERTAKER (ADDRESS) Wm M Smith 902 Bdwy Hannibal, Mo

20. FILED Oct 25 1932 J E Causens Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1932, to Oct - 25, 1932
I last saw her alive on Oct - 24, 1932. Death is said to have occurred on the date stated above, at 6:30a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Pericarditis + Effusion	Oct 10
2) Myocarditis	?
3) Diabetes mellitus	?
59	
933	
903	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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) [signature], M. D.
(Address) Hannibal Mo