

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

Do not use this space.

20948

1. PLACE OF DEATH

County St. Louis Registration District No. 789
 Township Pinckney Primary Registration District No. 6033-B
 City Pinckney (No. 3718) Jennings Road St. Ward

2. FULL NAME

Wm Wilson Cosby
 (a) Residence, No. 5929 Wells St. St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 25 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 Hesda Anna Cosby
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1881
 7. AGE YEARS 52 MONTHS 1 DAYS 21 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper
 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) Kentucky

13. NAME Willie Wilson Cosby

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

15. MAIDEN NAME Anna Green

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

17. INFORMANT Miss Brady (ADDRESS) 2718 Jennings Road

18. BURIAL, CREMATION, OR REMOVAL PLACE Walhall Crematory DATE July 3rd, 1933

19. UNDERTAKER Shank (ADDRESS) 4355 Washington Blvd

20. FILED 7-1- 1933 John L. Brey M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 6th, 1933, to June 30, 1933
 I last saw him alive on June 30, 1933. Death is said to have occurred on the date stated above, at 1 P.M.
 The principal cause of death and related causes of importance were as follows:

Hepatic Cirrhosis, Chr.
Inter nephritis, Chr. myo-Carditis,
Chr. Arterialclerosis.

Other contributory causes of importance:
Chr. inebriety
Cerebral Edema.
Edema of extremities with uremia.

Name of operation none Date of
 What test confirmed diagnosis? clinical & lab. 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?
 If so, specify
 (Signed) Jula B. Turner, M. D.
 (Address) 3718 Jennings

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.

251
22
22
22

