

WHITE 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.

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

Do not use this space.

32046

1. PLACE OF DEATH

County Wright Registration District No. 906
Township Boone Primary Registration District No. 0224
City (No. _____) St. _____ Ward _____

File No. _____

Registered No. 30

2. FULL NAME Asiac Coday

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 78 yrs. 10 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 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 Siocha Coday

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 2-1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 10 26

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

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) Dec 1 1932 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright Co. Missouri

13. NAME Samuel Coday

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

15. MAIDEN NAME Mary Buckley

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

17. INFORMANT (ADDRESS) Elmer Coday Hartsville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill Sept 29 1933

19. UNDERTAKER (ADDRESS) Pa. Staffe Mansfield Mo.

20. FILED Oct 2 1933 Caroline White Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28 1933

22. I HEREBY CERTIFY, that I attended deceased from Apr 10th 1933 to Sept 28th 1933
I last saw him alive on Sept 28th 1933 Death is said to have occurred on the date stated above, at 2:20 P.M.

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

Chronic Interstitial Nephritis Kidneys Date of onset 131

Other contributory causes of importance: 131 Dropsy (Cardiac)

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) W. Murrell M. D.
(Address) Hartsville Mo.

