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.

JUN 20 1934

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 35 — File No. 15833

Township — Primary Registration District No. 1001 — Registered No. 587

City St Joseph (No. St Joseph Hospital St. Ward)

2. FULL NAME Olive Pansy Cohee

(a) Residence, No. 2533 Bartlett street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 39 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John C Cohee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): November 4, 1892

7. AGE: YEARS 41 — MONTHS 6 — DAYS 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Atchison Kansas

FATHER

13. NAME: John Casey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Iowa

MOTHER

15. MAIDEN NAME: Lottie Gardner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Indiana

17. INFORMANT (ADDRESS): John C Cohee 2533 Bartlett st St Joseph Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: St Joseph Mo. DATE: May 19 1934 Ashland Cemetery

19. UNDERTAKER (ADDRESS): H. O. Sidenfaden St Joseph Mo.

20. FILED 5-19- 1934 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 17, 1934

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ viewed remains May 08, 1934, to ....., 19....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9:55P m.

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

Fractured Skull
Struck by motor truck on west end of Mo. River Bridge (Accident) 5/17/34

Date of onset

Other contributory causes of importance:
Struck by motor truck

Name of operation none Date of

What test confirmed diagnosis? Phys Ex Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 5/17, 1934

Where did injury occur? Kan (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Struck by motor truck

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Forrest Thomas Coroner, M. D.

(Address) 730 Faaron