

NOV 15 1934

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

Do not use this space.

37052

1. PLACE OF DEATH

County Putnam Registration District No. 224  
Township York Primary Registration District No. 5933  
City Powersville (No. ....) St. .... Ward

2. FULL NAME Francis Ervin Cozad

(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 male 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 Annie C. Cozad

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 3, 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
88 10 27

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

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) 1930 11. Total time (years) spent in this occupation 65 yrs

12. BIRTHPLACE (CITY OR TOWN) Lewis Co. (STATE OR COUNTRY) W. Va.

13. NAME Jackson Cozad

14. BIRTHPLACE (CITY OR TOWN) Lewis Co. W. Va. (STATE OR COUNTRY)

15. MAIDEN NAME Harriet Morris

16. BIRTHPLACE (CITY OR TOWN) Harrison Co. West. Va. (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) W. J. Cozad.

18. BURIAL, CREMATION, OR REMOVAL PLACE Powersville, DATE Oct. 31, 1934

19. UNDERTAKER Beary & Statton, (ADDRESS) Powersville, Mo.

20. FILED Nov 2 1934 Mrs. D. W. Pollock Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from July, 1934, 19... to Oct. 30, 1934.

I last saw him alive on Oct. 29, 1934. Death is said to have occurred on the date stated above, at 5 A. m.

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

Arteriosclerosis

Date of onset unknown

Other contributory causes of importance:

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? no If so, specify .....

(Signed) J. W. Schuman M. D. (Address) W. W. ...

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

