

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

Do not use this space.

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1. PLACE OF DEATH MAR 25 1935

County Harrison
Township Hannett
City (No. _____) _____

Registration District No. 337
Primary Registration District No. 5473

File No. _____
Registered No. 3
St. _____ Ward _____

2. FULL NAME

Frank E. Cove

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb-7-1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Effie Cove

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1934, to Feb 7, 1935 that I last saw him alive on Feb 6, 1935, and that death occurred, on the date stated above, at 4 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan-20-1861

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 0 17

Asphyxy
mitral regurgitation
(duration) _____ yrs. _____ mos. _____ ds.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

CONTRIBUTORY (SECONDARY) mitral regurgitation
(duration) 5 yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

10. NAME OF FATHER Samuel Cove

DID AN OPERATION PRECEDE DEATH? no DATE OF X

18. WAS THERE AN AUTOPSY? no

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) D. S. Bee, M. D.

12. MAIDEN NAME OF MOTHER Catharine Chickadee

77, 1935 (Address) Blythedale Mo

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT F. R. Cove
(Address) Eagleville, Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Eagleville, Mo DATE OF BURIAL 2/9 1935

15. FILED 2/7 1935 Louis Dunn
REGISTRAR

20. UNDERTAKER Frank J. Krawiec ADDRESS Eagleville, Mo

Exact statement of OCCUPATION is very important.
CAUSE OF DEATH in plain terms, so that it may be properly classified.

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