

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

Do not use this space.

5313

MAR 8 0 1935

1. PLACE OF DEATH

County JACKSON

Registration District No. 608

Township KAW

Primary Registration District No.

City KANSAS CITY (No. 2008; PENNSYLVANIA)

File No.

Registered No. 608

St. _____ Ward _____

2. FULL NAME

MRS. NANNIE J COSBY

(a) Residence, No. 2008 PENNSYLVANIA St., _____ Ward _____
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 47 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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEBRUARY 8, 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF JOHN A. COSBY

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1934, to Feb. 8, 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY-20-1845

I last saw her alive on FEB 2, 1935. Death is said to have occurred on the date stated above, at 5:30 A.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
89 8 19

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

Chronic Myocarditis

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

Other contributory causes of importance:

Arterio Sclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY

FATHER 13. NAME THOMAS HODGES

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RICHMOND VIRGINIA

MOTHER 15. MAIDEN NAME FANNIE HAWKINS

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

17. INFORMANT MRS. ELLA PEARL
 (ADDRESS) 608 ROMANY ROAD

18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE FEBRUARY 11, 1935

19. UNDERTAKER D. W. NEWCOMER'S SONS
 (ADDRESS) KANSAS CITY MISSOURI

20. FILED 2/8 1935 M. M. Crowe Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) Ward H. Demard, M. D.
 (Address) 3232 Permanent St.

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.

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3232. Summit St.

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