

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

Do not use this space.

APR 1 2 1935

8056

1. PLACE OF DEATH
 County..... Benton Registration District No. 59 File No.
 Township..... Primary Registration District No. 4034 Registered No. 10
 City..... Cole Camp (No.) St. Ward)

2. FULL NAME Claus Henry Cordes
 (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) Widower | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24th 1848 | | | |
| 7. AGE 86 YEARS | 6 MONTHS | 1 DAYS | IF LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) 11. Total time (years) spent in this occupation | | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri | | | |
| FATHER | 13. NAME John Henry Cordes | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany | | |
| MOTHER | 15. MAIDEN NAME Heimsoth | | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany | | |
| 17. INFORMANT (ADDRESS) Mrs E L Junge Cole Camp Mo | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE Trinity Lutheran DATE 3-26-35 , 19.. | | | |
| 19. UNDERTAKER (ADDRESS) E L Eickhoff Cole Camp Mo | | | |
| 20. FILED 3-26th 19 35 Sue Selover Registrar. | | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 25th 19 35**

22. I HEREBY CERTIFY, That I attended deceased from **Dec. 18th 19 34** to **March 25th 19 35**
 I last saw him alive on **March 14th 19 35** Death is said to have occurred on the date stated above, at, **7:30 A.M.**
 The principal cause of death and related causes of importance were as follows:
Arterio-sclerosis Date of onset
17013
 Other contributory causes of importance:
Ulcers of the Intestines

Name of operation **none** Date of

What test confirmed diagnosis **clinical** 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) **Harry Bay**, M. D.
 (Address) **Cole Camp, Missouri**

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.

