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.

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

Do not use this space.

11585

1. PLACE OF DEATH
County Scott. Registration District No. 1151 File No.
Township Kelso. Primary Registration District No. 4588 Registered No.
City Fornfelt, Mo. (No. , St. Ward)

2. FULL NAME John F. Covington
(a) Residence, No. Paragould Ark. St., Ward. Paragould, Ark.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 2 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dora Lee Covington

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12 1879

7. AGE YEARS 55 MONTHS 10 DAYS 0 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Jonesboro, Ark.

FATHER
13. NAME Not Known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) U. S. Army Discharge

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Paragould Ark. DATE March 30th, 1935

19. UNDERTAKER (ADDRESS) R. C. Crowell, Fornfelt, Mo.

20. FILED 3/30, 1935 G. F. H. Coy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 30-5 AM, 1935, to Mar 30-9 30 AM, 1935
I last saw him alive on Mar 30, 1935. Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
This man was transient on furlough from hospital at Cincinnati O. to home in Paragould Ark.	
Apparently Endocarditis	

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? No 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. No
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ✓
(Signed) A. J. Decker, M. D.
(Address) Kelso Mo