

JUN 24 1935

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

Do not use this space.

16943

1. PLACE OF DEATH

County Leitch
Township Cogland
City (No. _____) _____

Registration District No. 450
Primary Registration District No. 5615

File No. 4
Registered No. 4
St. _____ Ward _____

2. FULL NAME Emma Coviness

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>G. H. Barton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 7-1876</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>7</u>
	DAYS <u>24</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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 _____	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1935, to May 28, 1935
I last saw her alive on May 28, 1935. Death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral thrombosis
Date of onset 1935

Other contributory causes of importance:
Lobar pneumonia
May 20-30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leitch, Mo.

FATHER

13. NAME G. H. Barton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leitch, Mo.

MOTHER

15. MAIDEN NAME Leitch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leitch, Mo.

17. INFORMANT (ADDRESS) Leona Coviness, Pleasant Hill

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Hill DATE May 29, 1935

19. UNDERTAKER (ADDRESS) Leona Coviness, Pleasant Hill

20. FILED 5-29-35 D. A. Atkins
Registrar.

Name of operation none Date of _____

What test confirmed diagnosis? History 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? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify P. pneumonia
(Signed) Leona Coviness, M. D.
(Address) Pleasant Hill, Mo.

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 CLEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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