

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

Do not use this space.

27874 ✓

Aug 25 1936

**1. PLACE OF DEATH**

County Wright Registration District No. 786

Township \_\_\_\_\_ Primary Registration District No. 4469

City Maplewood Mo. (No. 7342 a, Manchester Ave., St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. \_\_\_\_\_

Registered No. 59

**2. FULL NAME** Dr. Vernon B. Cosby

(a) Residence, No. 7342 a Manchester 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jennie S Cosby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4. 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
80 7 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. M. D.  
 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) Richmond Va.

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

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

17. INFORMANT Clarence Cosby (ADDRESS) 7342 a Manchester Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hiram Cem. DATE 7-16, 1936

19. UNDERTAKER Jay B. Smith, Funeral Home (ADDRESS) 7456 Manchester Ave, Maplewood Mo.

20. FILED Aug 10, 1936 Pauline Bretherton Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14th, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 28th, 1936 to July 14th, 1936

I last saw him alive on July 13th, 1936. Death is said to have occurred on the date stated above, at 1:00 A.M.

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

Cerebral Haemorrhage May 28  
92 01  
 Other contributory causes of importance:  
Valvular disease heart not known

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? 1. 0

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? No  
 If so, specify \_\_\_\_\_

(Signed) Henry J. D. ..., M. D.  
 (Address) 1250 S. Adams St. ...

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.

125-3-21  
Columbus  
Washington