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

FEB 25 1937

Do not use this space. 1751

1. PLACE OF DEATH

County Jackson — Registration District No. 299 — File No. [illegible]

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. 2008 Penn. St. Ward)

2. FULL NAME John A. Cosby

(a) Residence, No. 2008 Penn. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MAle	White	Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 30, 1845

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	91	10	0	

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Round Stone Kentucky

FATHER

13. NAME Charles Cosby

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

MOTHER

15. MAIDEN NAME Martha Clarkson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss Olive N. Cosby R.R. Unknown

17. INFORMANT (ADDRESS) Miss Olive N. Cosby R.R.#2 K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Feb. 1 1937

19. UNDERTAKER (ADDRESS) D.W. Newcomer's Sons

20. FILED Jan 30 1937 M.M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15 1937, to Jan. 30 1937
I last saw him alive on Jan. 29, 1937. Death is said to have occurred on the date stated above, at 12:30 A.M.
The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis
Heart began failing
Jan. 15, 1937.

Date of onset

Other contributory causes of importance:
Senility
Chr. Interstitial Nephritis

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? No
If so, specify
(Signed) John R. Lewis, M. D.
(Address) 3546 Indiana

3548 Indiana
Li 7611