

MAY 28 1937

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

Do not use this space.

17055

File No. 2

Registered No.

St. Ward)

1. PLACE OF DEATH

11 County, Morgan
3 Township, Mill Creek
1 City, Syracuse (No.)

Registration District No. 971
Primary Registration District No. 4578

2. FULL NAME Missouri Abbigale Cordry

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF E. R. Cordry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec, 25, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 3 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Moniteau County
(STATE OR COUNTRY) Missouri

13. NAME William King

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

15. MAIDEN NAME Celia Davis

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

17. INFORMANT Omer Cordry (Son of deceased)
(ADDRESS) Syracuse, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Otterville, Mo DATE April, 10, 1937

19. UNDERTAKER Jessie G. Richards
(ADDRESS) Syracuse, Mo

20. FILED 4-27 1937 Oma E. Cordry
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April, 8, 1937

22. HEREBY CERTIFY That I, attended deceased from March 10, 1937 to April 8, 1937

I last saw him alive on April 8, 1937. 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:

Chronic Cholecystitis Date of onset 12/4

Other contributory causes of importance: Probably gall stones

Name of operation: Cholecystectomy Date of: No

What test confirmed diagnosis: symptoms 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: Cholecystitis

Nature of injury: Cholecystitis

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify: Cholecystitis

(Signed) E. H. Johnson, M. D.

(Address) Amateur No

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.

