

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County Livingston Registration District No. 5.e.f File No. 20594  
Township Chillicothe Primary Registration District No. 5.6.44 Registered No. 15  
City (No. 2) St. 1 Ward

2. FULL NAME Eligah W. Cosby

(a) Residence, No. 1 St. 1 Ward. (If nonresident, give city or town and State)  
(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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 16, 1849

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1936, to May 12, 1937.  
I last saw him alive on Apr. 20, 1937. Death is said to have occurred on the date stated above, at 2:30 p.m.  
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
88 6 26

Carcinoma of the prostate Date of onset

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

Other contributory causes of importance:  
51

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

13. NAME James Cosby

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

15. MAIDEN NAME Polly Thurman

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

17. INFORMANT (ADDRESS) Mrs. Earl Bennett Chillicothe, Mo. R # 3

18. BURIAL, CREMATION, OR REMOVAL PLACE Callao DATE 5-14 37

19. UNDERTAKER (ADDRESS) F. B. Norman Chillicothe Missouri

20. FILED May 13, 1937 Donald J. Howell, M.D. Registrar.

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? Date of injury  
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?  
If so, specify (Signed) H. J. Jewell, M. D.  
(Address) Chillicothe Mo

