

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.

SEP 17 1937

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

Do not use this space.

30749

1. PLACE OF DEATH

County Green
Township Washington
City Green (No. 1)

Registration District No. 321
Primary Registration District No. 5445

File No. 42
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Ellen J. Cosby
(a) Residence, No. Rogersville R.O. 5 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 34 68 3 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home kept
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) Tenn.

FATHER 13. NAME Hiram Ferrell

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

MOTHER 15. MAIDEN NAME Sarah Livingston

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

17. INFORMANT (ADDRESS) Henry Cosby Rogersville Mo. 11

18. BURIAL, CREMATION, OR REMOVAL PLACE Salmon DATE Aug 18 1937

19. UNDERTAKER (ADDRESS) T. B. Chaffin Ozark Mo

20. FILED Sept. 8 1937 Mrs. Pearl Hughes, Mitchell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 17 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw her at seat on August 17, 1937 Death is said to have occurred on the date stated above, at 2 P.M.

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

Suicide by jumping into a mill Date of onset _____

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Suicide Date of injury Aug 17, 1937

Where did injury occur? 2 1/2 miles South of Cosby Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury swimming in mill - Suicide

Nature of injury _____

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

If so, specify _____

(Signed) J. P. Ferguson (Printer) M. D.

(Address) 542 1/2 N. 1st St. Ozark Mo

