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.

NOV 17 1937

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

Do not use this space.

37537

1. PLACE OF DEATH

County DeKalb — Registration District No. 259 — File No.

Township Camden — Primary Registration District No. 4158 — Registered No.

City Maysville (No. , St. Ward)

2. FULL NAME Arch Franklin Cogdill

(a) Residence, No. St., 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

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

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Carrie A.Cogdill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb.6-1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	63	7	29	

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeKalb Co. Mo

FATHER

13. NAME William Cogdill

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

MOTHER

15. MAIDEN NAME Elizebeth Cordory

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

17. INFORMANT (ADDRESS) Mrs Ronald Taylor Maysville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Butler Cemetery DATE 10/ 7 1937

19. UNDERTAKER (ADDRESS) U.G.Pilcher Maysville Mo

20. FILED 10/7-37 19 Ethel H Bower Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/5-37 , 19

22. I HEREBY CERTIFY, That I attended deceased from april , 1937, to Oct. 4 , 1937

I last saw him alive on Oct. 4. , 1937. Death is said to have occurred on the date stated above, at 9.30 p m

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

Chronic Myocarditis

Date of onset

93C

Other contributory causes of importance:

Paralysis Agitans

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 , 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) E. F. Waters , M. D.

(Address) Maysville Missouri