

REC'D JUN 16 1938

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

Do not use this space.

17868

1. PLACE OF DEATH

County Caldwell
Township Kuington
City Kuington (No. _____)

Registration District No. 98
Primary Registration District No. 5144

File No. _____
Registered No. 5 St. _____ Ward _____

2. FULL NAME Frank Coshow.

(a) Residence, No. _____ St., _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 50 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Coshow.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 9-1857</u>		
7. AGE	YEARS <u>80-</u>	MONTHS <u>8-</u>
	DAYS <u>22</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer.</u>	
	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) <u>Berry, Ill.</u>		
FATHER	13. NAME <u>Robert Coshow.</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Ann Hankins</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
17. INFORMANT (ADDRESS) <u>John Coshow Kuington Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Kuington Cemetery</u> DATE <u>6-3-</u> 19 <u>38</u>		
19. UNDERTAKER (ADDRESS) <u>F. Cramer Clark Kuington Mo.</u>		
20. FILED <u>June 2nd</u> 19 <u>38</u> <u>Mrs Ruth Hill</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2 - 193822. I HEREBY CERTIFY, That I attended deceased from April 3 1938, to June 2nd 1938I last saw him alive on June 1st 1938. Death is said to have occurred on the date stated above, at 4:20 P.M.

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

abscess between Liver & Stomach Date of onset May 6, 38

Other contributory causes of importance:

Peptic gastric Ulcer April 21, 38Name of operation Opened Abscess Date of May 17, 38What test confirmed diagnosis? Chemical Was there an autopsy? Yes

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?

If so, specify _____

(Signed) C. H. Huber! _____, M. D.(Address) Polo Mo

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

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

CHICAGO, ILLINOIS