

REC'D JUN 20 1938

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

1. PLACE OF DEATH

County HoltTownship Lewin

City..... (No., St. Ward)

Registration District No. 373Primary Registration District No. 5570File No. 18382Registered No. 172. FULL NAME Janice Ruth Cordrey(a) Residence, No. St. Ward. 636

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15 - 1934

7. AGE

YEARS 3MONTHS 10DAYS 4

IF LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child10. Date deceased last worked at this occupation (month and year) Child11. Total time (years) spent in this occupation. Child12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon13. NAME Elmer Cordrey14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt Co15. MAIDEN NAME Lillian McCoy16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rockport17. INFORMANT (ADDRESS) Elmer Cordrey

18. BURIAL, CREMATION, OR REMOVAL

PLACE Highland CemDATE May 21

1938

19. UNDERTAKER (ADDRESS) J. Pettijohn20. FILED 5-20

1938

J. PettijohnRockport

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 193822. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1938, to May 19, 1938I last saw her alive on Jan 6, 1938. Death is saidto have occurred on the day stated above, at 9:17 a.m.

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

Pneumonia Lobarabout Apr 1,1938Other contributory causes of importance: 108SepsyemiaApr 15Epilepsy since birth

Name of operation..... Date of.....

What test confirmed diagnosis? Cholera 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.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify..... (Signed) J. Pettijohn, M. D.(Address) Oregon, Mo.

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

