

REC'D SEP 9 1938

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

29879

Do not use this space.

1. PLACE OF DEATH

(a) County Clinton Registration District No. 760A
(b) Township 1 Primary Registration District No. 4455 Registered No. _____
(c) City Shenterville (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. 4 mos. 9 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Nellie Mae Cosby 210
Shenterville, Mo. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10 1938

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 1938, to Aug 10, 19386. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-31-1938I last saw him alive on Aug 10, 1938. Death is said to have occurred on the date stated above, at 1 P. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 4 9

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Pneumonia
10/10
Date of onset 8-2/38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shenterville Mo.Other contributory causes of importance: Alcal Nutrition

FATHER 13. NAME Leotis Cosby
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shenterville Mo.

MOTHER 15. MAIDEN NAME Nellie Mae Blitcher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo.

17. INFORMANT (ADDRESS) Nellie Mae Cosby
Shenterville, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Shenterville DATE _____19. FUNERAL DIRECTOR (ADDRESS) Reynolds Lunge
3105 Washington St.20. FILE NO. Aug-10 38 Gertrude S. Terrett Local Registrar.Name of operation None Date of _____
What test confirmed diagnosis? Physic Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury _____, 1938Where did injury occur? No (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury No
Nature of injury _____24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____(Signed) E. B. Kerner M. D.(Address) Shenterville, Mo.

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STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by..... Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

29879

Do not use this space.

1. PLACE OF DEATH

(a) County St Charles Registration District No. 760 A

(b) Township Wentzville Primary Registration District No. 445-3 Registered No.

(c) City Wentzville (d) Street No. St.

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Nellie May Cosby

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE Cal 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-31-1938

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>0</u>	<u>4</u>	<u>9</u>	

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

9. Industry or business in which work was done, as 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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Wentzville Mo DATE Aug 12 - 38

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 8/10/38 Gertrude S. Ferster Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10, 1938

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

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

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

Date of onset

Other contributory causes of importance:

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? If so, specify ...

(Signed) E. D. Hammer, M. D.
(Address) Wentzville Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

