

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

REC'D APR 15 1939

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

Do not use this space.

12688

1. PLACE OF DEATH

County Washington Registration District No. 889
Township Richwoods Primary Registration District No. 6185
City Edward (No. 630) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Edward Cordia

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

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 <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>Eppie Cordia</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-15-1854</u>				
7. AGE	YEARS <u>83</u>	MONTHS <u>1</u>	DAYS <u>14</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>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)
Richwoods

MOTHER FATHER 13. NAME Polite Cordia

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

15. MAIDEN NAME Emmett Klear

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

17. INFORMANT (ADDRESS)
John Baunboy
Richwoods

18. BURIAL, CREMATION, OR REMOVAL PLACE Richwoods DATE 3-30 1939

19. UNDERTAKER (ADDRESS)
Wm Cady Co
St Clair Mo

20. FILED 3-30 1939 O W Parker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-29 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-25 1939, to 3-27 1939
I last saw him alive on 3-29 1939 Death is said to have occurred on the date stated above, at 3 a.m.

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

Dysfunction of Stomach Date of onset _____

Other contributory causes of importance:
ulcer of Stomach

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) O W Parker M. D.
Richwoods Mo (Address)

