

REC'D JUN 14 1939

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

21930  
Do not use this space.

1. PLACE OF DEATH

(a) County Cooper Registration District No. 218  
(b) Township..... Primary Registration District No. 3015  
(c) City Boonville or (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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Lillian Cosby.

(a) Residence, No. 203 -- 2nd. St. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
About 70 Yrs.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife.  
9. Industry or business in which work was done, as saw mill, bank, etc. At home.  
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) Boonville, Mo.

FATHER 13. NAME Geo. Emery.

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

MOTHER 15. MAIDEN NAME Jane Lienberger

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

17. INFORMANT (ADDRESS) Mrs. Emma Ray. Boonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Boonville, Mo. City Cemetery June 19<sup>th</sup> 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Goodman & Boller, Boonville, Mo.

20. FILED 6-19 1939 DeJasper Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16<sup>th</sup> 1939

22. I HEREBY CERTIFY, That I attended deceased from May 22 1939, to June 16 1939  
I last saw him alive on June 14 1939. Death is said to have occurred on the date stated above, at 7:30 P. m.  
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage (apoplexy)

Date of onset May 21 1939.

Other contributory causes of importance: None

Name of operation..... Date of.....  
What test confirmed diagnosis? clinical 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? no  
If so, specify..... (Signed) J.C. Tincher M. D.  
Boonville, Mo. (Address) 197

WHILE PRINTING, 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.

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RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 7/13/39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed G. F. Keller  
Licensed Embalmer No. 3062  
P. O. Address Roswell, N.

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

If this body is not embalmed, above space should be left blank.