

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

Do not use this space.

10418

County Henry  
Towship Deepwater  
City Deepwater (No. ....)

Registration District No. 3516  
Primary Registration District No. 4208

File No. ....  
Registered No. 3  
St. .... Ward)

2. FULL NAME Jessie Cordis  
(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed  
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF John Cordis

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
54 | 8 | 24

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Homemaker  
(b) General nature of industry, business, or establishment in which employed (or employer) -----  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Switzerland  
(STATE OR COUNTRY)

10. NAME OF FATHER Pauling

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Switzerland  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Switzerland  
(STATE OR COUNTRY)

14. INFORMANT Mary Hobbs  
(Address) Deepwater

15. FILED 3/18 28 J. J. Russell  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/18 19 29  
17. ✓ I HEREBY CERTIFY That I attended deceased from Feb. 22, 1929, to March 18, 1929 that I last saw h. .... alive on March 18, 1929, and that death occurred, on the date stated above, at 8 A.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
suicidal pneumonia  
107 W  
13 W (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) ..... (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH, .....

DID AN OPERATION PRECEDE DEATH, .....

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) J. J. Russell M.D.  
3/18, 1929 (Address) Deepwater Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL maplewood. Clinton DATE OF BURIAL 3/20 19 29

20. UNDERTAKER Amstutz ADDRESS Deepwater

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Henry  
Township .....  
City Deepwater (No. ....) St. .... (Ward) .....

Registration District No. 351  
Primary Registration District No. 4208

File No. 10418  
Registered No. 3

**2. FULL NAME**

(a) Residence. No. Jenny Cardis 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) wid

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

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

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

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work .....  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

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

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14.

INFORMANT (Address)

15.

FILED 19 .....

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/18 1929

17. I HEREBY CERTIFY That I attended deceased from ..... to ..... 19....., that I last saw h..... alive on ..... 19....., and that death occurred, on the date stated above, at .....

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute Bacterial Pneumonia  
Broncho-  
(duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) 1000  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS .....

(Signed) ....., M. D.

, 19 (Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

19

20. UNDERTAKER

ADDRESS

SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

state. ACTUALLY. PHYSICIANS should state statement of OCCUPATION is very important.

be can. applied. d. properly class. d. at it ma. d. in acc. d.

SUPPLEMENTARY

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