MAR 28 1930

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

Do not use this space.

5696

64

1. PLACE OF DEATH

County Marion — Registration District No. 548 — File No.

Township ~~Liberty~~ — Primary Registration District No. 4323 — Registered No. 11

City Palmyra (No. ..... St. ..... Ward)

2. FULL NAME Frank Cordes

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
male	white	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 9 1885

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
44	10	26	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

23 P
11 R
132 P

9. BIRTHPLACE (CITY OR TOWN) Palmyra, Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Michael Cordes

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

12. MAIDEN NAME OF MOTHER Philipia Brandes

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

14. INFORMANT Mrs. Louis Cordes
(Address) Palmyra Mo

15. FILED 2-7 1930 S. Sanford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

A

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 5 1930

17. I HEREBY CERTIFY, That I attended deceased from February first, 1930, to February fifth, 1930 that I last saw him alive on February fifth, 1930 and that death occurred, on the date stated above, at 2:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Contracted influenza about december 15th which led up to complications, probably tuberculosis (duration) — yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Brights disease up to time of death (duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Denver, Colo.

DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Urinalysis

(Signed) P. H. Stubblefield, M.D. D.O.

2-7- , 1930 (Address) Palmyra, Missouri

*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
Greenwood	Feb. 7 1930
20. UNDERTAKER	**ADDRESS**
E. J. Sprague	Palmyra Mo

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.