

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

Do not use this space.  
**32442**

**3971**

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City, Mo.

Registration District No. ....

Primary Registration District No. ....

File No. ....

Registered No. ....

**2. FULL NAME**

(a) Residence, No. 16715 Washington Park Blvd. 10 Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21 - 1853

7. AGE YEARS 79 MONTHS 3 DAYS (29) If LESS than 1 day, hrs. or min.

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

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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deppoursley, Iowa

13. NAME William Covey

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

15. MAIDEN NAME unk known

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

17. INFORMANT (ADDRESS) Charles Covey

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE Oct 22 - 1932

19. UNDERTAKER (ADDRESS) C. H. Carson

20. FILED 10/22, 1932 M. M. Crowe Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1932 to Oct 20, 1932. I last saw him alive on Oct 16, 1932. Death is said to have occurred on the date stated above, at 9:30 Am. The principal cause of death and related causes of importance were as follows:

Apoplexy  
82A  
g d a  
Other contributory causes of importance: (1)

Name of operation ..... Date of .....  
What test confirmed diagnosis? Explain Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No 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 Alzheimer's (Signed) A. B. Williams, M. D.  
(Address) 920 Jesuit

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.

