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.

JUN 20 1934

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

Do not use this space.

16191

1. PLACE OF DEATH
County Cooper — Registration District No. 218 — File No. 77
Township — Primary Registration District No. 3015 — Registered No.
City Boonville (No. ..... St. ..... Ward)

2. FULL NAME Charles Cosby
(a) Residence, No. ..... St. ..... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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: Male
4. COLOR OR RACE: Black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Mrs Chas Cosby.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 4 - 1880

7. AGE: YEARS 53 — MONTHS 7 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Day.
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) Cooper County Mo

FATHER
13. NAME Wm Cosby
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) Mrs Charles Cosby. Boonville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetery DATE June 1 1934

19. UNDERTAKER (ADDRESS) Goodman & Boller Boonville Mo

20. FILED June 1 1934 R W Bozworth Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May - 30 - 1934

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1934, to May 30, 1934
I last saw him alive on May 30, 1934. Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
aneurism of Aorta	
cirrhosis of Liver	
96	
1245	
1	

Other contributory causes of importance:
Uric acid deathes
Irritation of Gall Duct

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) R. Levy Hill, M. D.
(Address) 1102 - 3rd, Boonville Mo