

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.

MAR 25 1937

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

Do not use this space.

1. PLACE OF DEATH

County Saline
Township _____
City Miami (No. _____)

Registration District No. 797
Primary Registration District No. 4477

File No. 8990
Registered No. 3

2. FULL NAME

archie Curtis Cordroy Jr.

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-4-20

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
16 10 3

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Day Laborer
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) Eldorado Kansas

13. NAME A.C. Cordroy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) York Co. Mo

15. MAIDEN NAME Maudie Carmack

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co. Mo

17. INFORMANT A.C. Cordroy (ADDRESS) Miami, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Beechline Mo. DATE Feb. 9 1937

19. UNDERTAKER Frank Head (ADDRESS) North Saline Mo.

20. FILED 2-8-37 1937 Miss Aubrey Haynes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-7 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-2, 1937, to 2-7, 1937

I last saw him alive on 2-7, 1937. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Typhoid Fever Date of onset about 1/29/37
Lobar Pneumonia (Double) 1/31/37

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Sputum 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 B.H. Sullivan, M. D.
(Signed) Miami, Mo. (Address)

