

REC'D APR 20 1939

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

12166
Do not use this space.

1. PLACE OF DEATH
(a) County St. Francois 3 Registration District No. 773
(b) Township St. Francois 1 Primary Registration District No. 6018A
(c) City Near Farmington (d) Street No. State Hospital No. 4 Registered No. 32
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 530 LOGAN E. CANADA
(a) Residence, No. 411 High St., Fredericktown, Mo. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March, 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
76 Un. Un.

8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as saw mill, bank, etc.

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) Illinois 1

FATHER 13. NAME Unknown 2
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " 2

MOTHER 15. MAIDEN NAME " 2
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " 2

17. INFORMANT Records of State Hospital No. 4
(ADDRESS) Farmington, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fredericktown, Mo. DATE March 5th 1939

19. FUNERAL DIRECTOR (NAME) Cosean Undertaking Co.
(ADDRESS) Farmington, Mo.
Webb Undertaking Co., Fredericktown, Mo.

20. FILED Feb 4 1939 W. J. Robinson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4th 19 39

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24 19 39 to March 4th 19 39
I last saw him alive on March 3rd 19 39 Death is said to have occurred on the date stated above, at 10:20a.

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage (diffuse meningitis)
Date of onset 6 da

Other contributory causes of importance:
age and arteriosclerosis, psychoneurotic, nephritic, chronic hypertension, basal ganglia - old left hemisphere
Name of operation no Date of no
What test confirmed diagnosis? clin. & path. 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? Home (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) W. J. Robinson M. D.
Fredericktown, Mo. (Address)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

C. Hugo Cozcan

or by *me*

Registered Apprentice No. _____, working under my personal supervision.

Signed

C. Hugo Cozcan
4084

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.