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.

REC'D MAY 19 1939

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

15878
Do not use this space.

1. PLACE OF DEATH
(a) County Randolph
(b) Township
(c) City Moberly
(d) Street No. Wabash Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.

Registration District No. 735
Primary Registration District No. 3034 Registered No. 71

2. PRINT FULL NAME 234 Tom Marion Cogdill
(a) Residence, No. W. Rollins St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: No Data

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 4th 1883

7. AGE: YEARS 55 | MONTHS 4 | DAYS 1 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ex. Switchman
9. Industry or business in which work was done, as saw mill, bank, etc. Wabash RR
10. Date deceased last worked at this occupation (month and year) Apl 2nd 1939
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

FATHER
13. NAME: John Cogdill
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

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

17. INFORMANT (ADDRESS): Woodrow Cogdill Stansberry Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stansberry, Mo DATE Apl 7th 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Mahan & Son Moberly Mo

20. FILED Apr 6 1939 Leah Williams Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr-5- 1939

22. I HEREBY CERTIFY, That I attended deceased from Coroner's Case, 19....
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Natural but not determined, probably coronary thrombosis	4-5-39

Other contributory causes of importance: 94 b

Name of operation — Date of —
What test confirmed diagnosis? — 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
(Signed) E. H. Shrader, Coroner, M. D.
935 (Address) Moberly, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 18-39-914
Date Filed MAY 18 1939

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, ...

....., or by .....

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

Signed Frank L. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly Mo.

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

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