

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

Do not use this space.

38309

1. PLACE OF DEATH

County Burgess Registration District No. 1168
 Township Wheaton Primary Registration District No. 6042A
 City Wheaton (No.) St. Ward

File No.
 Registered No. 20

2. FULL NAME Adelle Lucille Cody

(a) Residence, No. Wheaton Mo St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 W M Eugene Cody
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17, 1911
 7. AGE YEARS 21 MONTHS 4 DAYS 14 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Housework
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 21

12. BIRTHPLACE (CITY OR TOWN) Westgate (STATE OR COUNTRY) Iowa

FATHER 13. NAME John Huber

14. BIRTHPLACE (CITY OR TOWN) Glasgow (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Mary C. Troy

16. BIRTHPLACE (CITY OR TOWN) Westgate (STATE OR COUNTRY) Iowa

17. INFORMANT Clara Huber (ADDRESS) Wheaton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Dec 4 1932

19. UNDERTAKER Belka General Home (ADDRESS) Wheaton Mo

20. FILED Dec 1 1932 E. Edmondson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from November 29 to Dec 1, 1932

I last saw h.e.f. alive on Dec 1, 1932 Death is said to have occurred on the date stated above, at 9:30 P.M.

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

Fractured Skull 11-20-32
Brain Contusions "
 Other contributory causes of importance 2120
Fall from horse 11-20-32

Name of operation Decompression Date of 11-29-32
 What test confirmed diagnosis? X-Ray 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 11-20, 1932

Where did injury occur? Road N.E. Wheaton Mo
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Road
 Manner of injury Fall from running horse
 Nature of injury fractured skull

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify

(Signed) C. W. Poor, M. D.

(Address) Wheaton, Mo

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.

