

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

Do not use this space.

REC'D FEB 27 1939

1. PLACE OF DEATH

County St. Francois

Registration District No. 775

File No. 3702

Township Perre

Primary Registration District No. 6030-A

Registered No. 9

City Bonne Terre (No. 152)

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. Bonne Terre, Mo. St.

Ward _____

(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 M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 16, 1856

7. AGE

YEARS 82

MONTHS 5

DAYS 4

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

at home

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

none

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) St. Francois, Mo

FATHER

13. NAME John Covington

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo State

MOTHER

15. MAIDEN NAME Jane Covington

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo State

17. INFORMANT (ADDRESS) Virginia Smith FARMINGTON, MO

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bonne Terre DATE 1-22-1939

19. UNDERTAKER (ADDRESS) Joe Diemer FLAT RIVER, MO

20. FILED Jan. 21, 1939

M. W. Hawkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1937 to Jan. 19, 1939

I last saw h. a. r. alive on Jan. 19, 1939. Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Chronic myocarditis - May 1939
Benign prostatic hypertrophy - Oct. 1938

Other contributory causes of importance:

Subacute cystitis - Nov. 1938

Name of operation _____

Date of _____

What test confirmed diagnosis: Clinical. 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 Merwin J. Haeberle, Jr. M. D.

(Signed)

698 (Address) Bonne Terre, Mo.

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.

