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

Do not use this space.

21191

JUL 25 1929

1. PLACE OF DEATH
County Greene — Registration District No. 318
Township — Primary Registration District No. 2001
City Springfield Mo. No. ..... St. ..... Ward)

File No. .....
Registered No. 442

2. FULL NAME Cindy Mary Magdelene Corbin
(a) Residence. No. 2138 North Benton 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: 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 Elmer L. Corbin.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb-17-1881.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
48	3	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hannon County
(STATE OR COUNTRY) Georgia

PARENTS

10. NAME OF FATHER DW Chadwick
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cleveland
(STATE OR COUNTRY) Tenn.
12. MAIDEN NAME OF MOTHER Dorthy Fortner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lumkin
(STATE OR COUNTRY) Ga.

14. INFORMANT DW Chadwick
(Address) Willard Mo R 3

15. FILED 6-7, 1929 Lou Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June-6 1929

17. I HEREBY CERTIFY, That I attended deceased from 5 20 1929, to 6/6 1929 that I last saw her alive on 6/6 1929, and that death occurred, on the date stated above, at 9:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Examiner
131 With Mental Derangements
69 & Coma
84 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic nephritis
(duration) 1 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) P. F. Freeman, M. D
6/7, 1929 (Address) Springfield Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mount Pleasant Cemetery
DATE OF BURIAL: June-8 1929

20. UNDERTAKER: J A Brim & Sons
ADDRESS: Walnut Grove 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.

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