

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

Do not use this space.

33549

1. PLACE OF DEATH

County Greene
Township Madison
City Sumner

Registration District No. 326
Primary Registration District No. 4193

File No. 57
Registered No. 9
St. _____ Ward _____

2. FULL NAME

Lida Corben Urban
Eduburg

(a) Residence. No. _____ 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. 1 mos. _____ da. _____
How long in U.S., if of foreign birth? yrs. _____ mos. _____ da. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. C. Urban

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 6 - 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
59 7 16

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

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Samuel Corben

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Hellen Westfall

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Ohio

14. INFORMANT John A. Urban (Address) Coffey Missouri

15. FILED Oct 30 1929 Anna D. Price REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 22 1929

17. I HEREBY CERTIFY That I attended deceased from _____
next of kin to _____, 1929
that I last saw him next of kin as all 1929, and that death occurred, on the date stated above, at _____ 5:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Accidental Death from
being struck by an
automobile
2:10 PM (duration) Instant yrs. _____ mos. _____ da.

CONTRIBUTORY None Known (SECONDARY) (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH.

0 DID AN OPERATION PRECEDE DEATH. No DATE OF _____

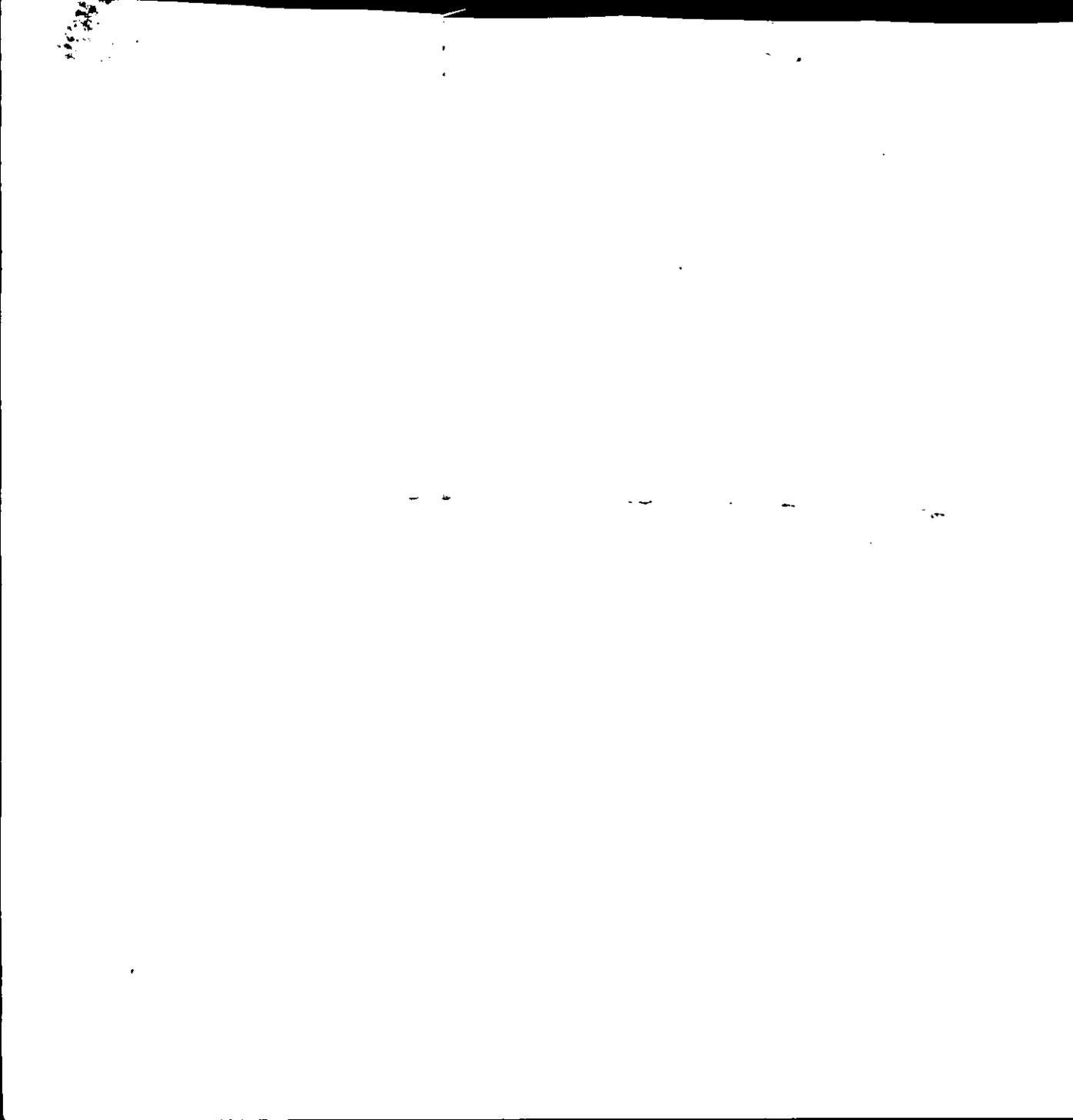
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Autopsy
(Signed) DR. Reaks Coover, M. D.

1923, 1929 (Address) Brenton 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 Stuartville, Mo. DATE OF BURIAL Oct 24 1929

20. UNDERTAKER Bern C. Davis ADDRESS Brenton Mo



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Grundy

Registration District No. 330

File No. 51

Township Edinburg

Primary Registration District No. 3017

Registered No. 9

City Edinburg (No.)

St. Ward

2. FULL NAME

(a) Residence. No. Edinburg St., Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. C. Urbans

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 6 - 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 59 7 16

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Samuel Colsen

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Helen Westfall

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

14. INFORMANT John S Urbans (Address) Coffey mo.

15. FILED Oct 30 1929 Anna W. Price REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 22 - 1929

17. I HEREBY CERTIFY That I attended deceased from to , 1929 that I last saw h. Not at all alive on , 1929, and that death occurred, on the date stated above, at 5:15 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

accidental death from being struck by car automobile
Edinburg mo instant

CONTRIBUTORY (SECONDARY) None known

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? Yes DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS Clinical & Autopsy
(Signed) Dr. Rooks Coroner M. D.

123 . 1929 (Address) Trenton 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 Strataville mo DATE OF BURIAL Oct 24 1929

20. UNDERTAKER Bern C Davis ADDRESS Trenton mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

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