

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

Do not use this space.

1288

1. PLACE OF DEATH

County Jackson
Township Law
City N. E. No (No. General Hosp # 2 St. Ward)

Registration District No.
Primary Registration District No.

File No.
Registered No. 280
St. Ward)

2. FULL NAME

(a) Residence No. 2416 E 22nd St. 11 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 Col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 16 - 16 1898

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
31 6 2

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lepewich Kans

10. NAME OF FATHER Wm Cobb

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs Bertha Cobb
(Address) 1416 Michigan

15. FILED 1/21 1930 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-18-1930

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 , that I last saw h. alive on , 19 , and that death occurred, on the date stated above, at 8:20 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Homicide - Firearms

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH: DATE OF

19 WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS Autopsy
(Signed) Deputy Coroner M. D.
1/18/30 (Address) Deputy Coroner

*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 My Island DATE OF BURIAL 1-23 1930

20. UNDERTAKER ADDRESS 1820 E 18th

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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