

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

Do not use this space.

31380

1. PLACE OF DEATH

1 County Bates Registration District No. 50
 2 Township Primary Registration District No. 3004
 3 City Butler (No.) St. Ward
 4

File No.
 Registered No. 70

2. FULL NAME Jacob Alfred Cobb

(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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Luella B Cobb

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 3 - 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 10 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. merchant
 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) Butler
Bates County Mo

FATHER 13. NAME Fredrick Cobb

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER 15. MAIDEN NAME Harriet Wright

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT X W. Burns
 (ADDRESS) Butler Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Nov 1 1932

19. UNDERTAKER Culvers
 (ADDRESS) Butler Mo

20. FILED Nov 1 1932 Nina L Culver
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 30, 1932

22. I HEREBY CERTIFY That I attended deceased from Aug 1 1932 to Oct 30 1932
 I last saw him alive on Oct 30 1932. Death is said

to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:

mythritic
132A 132
 Other contributory causes of importance:
injury 1

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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
 (Signed) R. E. Shaltee M. D.
 (Address) Butler 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.

NOV 21 1932

WHITE PLAIN, WITHOUFFING INVA---THIS IS A PERMANENT RECORD

