

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

Do not use this space.

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.

1. PLACE OF DEATH

County Union Registration District No. 875
Township Washington Primary Registration District No. 6762
City _____ (No. _____) _____ St. _____ Ward _____

File No. 40170
Registered No. 306

2. FULL NAME

Chas. G. Cobb
(a) Residence, No. State Hospital # 3 St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 26 yrs. 1 mos. 23 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 2, 1882

7. AGE YEARS 54 MONTHS 9 DAYS 24 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. chronic invalid
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
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) Kansas City, Mo.

FATHER 13. NAME Henry Clay Cobb

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

MOTHER 15. MAIDEN NAME Emma E. Richardson

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

17. INFORMANT Mrs. Core Mulkey (ADDRESS) K.C., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Hosp. Cem. DATE Oct 28, 1936

19. UNDERTAKER Ferry Funeral Home (ADDRESS) Merada, Mo.

20. FILED Oct. 28, 1936 M. Cichinger Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 26, 1936

22. I HEREBY CERTIFY That I attended deceased from Sept. 3, 1936, to Oct 26, 1936

I last saw him alive on _____, 1936 Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Lobar pneumonia Date of onset Oct 20, 36

Other contributory causes of importance: fracture of r. humerus Oct 9/36

Name of operation none 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? Accident Date of injury Sept 9, 1936

Where did injury occur? State Hosp. # 3 Merada, Mo. Union Co. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. on ward of hospital

Manner of injury through skylight with another patient

Nature of injury: fracture of r. humerus

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) T. T. O'Dell M. D.

(Address) Merada, Mo.

