SEP 15 19

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

Do not use this space.

File No. 30332

Registered No. 260

1. PLACE OF DEATH
County: Cape Girardeau — Registration District No. 125
Township: — Primary Registration District No. 3009
City: — (No. St. Francis Hosp. St. — Ward)

2. FULL NAME: Mrs Francis Lee Corbet

(a) Residence, No. 512 7th Street 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) ~~WIFE~~ OF: L. R. Corbet

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 7 - 1868

7. AGE: YEARS 68 — MONTHS 8 — DAYS 15 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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): Middletown Mo

FATHER

13. NAME: Sam Richards
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

MOTHER

15. MAIDEN NAME: Evelyn Hamilton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): Mr Sam R Corbet 512 7th Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St Louis Mo DATE: Aug 25, 1937

19. UNDERTAKER (ADDRESS): Burton & Howell Cape Girardeau Mo.

20. FILED: 8-27-1937 J. M. Lampson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 16, 1937, to Aug. 23, 1937. I last saw h. alive on Aug 23, 1937. Death is said to have occurred on the date stated above, at 11:38 a.m.

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

	Date of onset
Terminal Bronco Pneumonia	8/15
Complicating Upper Respiratory Infection.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

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?
If so, specify

(Signed) Chas E. Herbert, M. D.
(Address) Cape Girardeau, 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.