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

Do not use this space.

3
1

1. PLACE OF DEATH
48 County Jackson — Registration District No. 398 — File No. 2992
Township Blue — Primary Registration District No. 3554 — Registered No. 1
City ..... (No. 40 Highway + Blue Ridge Cut off St. ..... Ward)

2. FULL NAME Harry R. Coberly 164
(a) Residence, No. 40 Highway + Blue Ridge Cut off St. ..... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 23-1925
7. AGE: YEARS 12 — MONTHS 0 — DAYS 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy
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 Missouri 0

FATHER
13. NAME: Gerald L. Coberly 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lawrence Kansas 1

MOTHER
15. MAIDEN NAME: Esther Dulling
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Eskridge Kansas

17. INFORMANT (ADDRESS): Gerald L. Coberly 40 Highway + Blue Ridge Cut off
18. BURIAL, CREMATION, OR REMOVAL
PLACE Floral Hills DATE Jan 3 1938
19. UNDERTAKER (ADDRESS): George C. Carson Independence Mo
20. FILED 1-8-1938 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11 a m.
The principal cause of death and related causes of importance were as follows:

Date of onset

184
Gunshot wound head 37
.22 Rifle

Other contributory causes of importance:
Fr Skull - remontage
Maceration brain

Name of operation None Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1-1 1938
Where did injury occur? H # 40 + Blue Ridge Cut Off (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
H # 40 + Blue Ridge Cut Off
Manner of injury Accident Gunshot Wound
Nature of injury Gunshot Wound head

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) J. Flomby 4, M. D.
360 (Address) Dylon

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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FEB 25 1938
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