

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

Do not use this space.

REC'D APR 23 1938

**1. PLACE OF DEATH**

County Jackson  
Township Low  
City Keosauqua

Registration District No. \_\_\_\_\_  
Primary Registration District No. \_\_\_\_\_  
(No. 7225 College)

File No. 9581  
Registered No. 1046  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_  
(Usual place of abode) 7225 College St. \_\_\_\_\_ Ward \_\_\_\_\_

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (use the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10 1852

7. AGE YEARS 85 MONTHS 8 DAYS 27 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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) Mo

13. NAME Louis S Corbin

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

15. MAIDEN NAME Unknown

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

17. INFORMANT L. S. Corbin  
(ADDRESS) 7225 College

18. BURIAL, CREMATION, OR REMOVAL PLACE Keosauqua DATE Mar 9 1938

19. UNDERTAKER W. H. Hessel  
(ADDRESS) Keosauqua Mo

20. FILED Mar 7 1938 M. M. Brown  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 7 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 2 1938, to Mar 7 1938

I last saw him alive on Mar 7 30 1938 Death is said

to have occurred on the date stated above, at 7:30 a.m.

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

Head injury - fall  
Concussion  
arterio-sclerosis  
186  
10

Other contributory causes of importance:

Terminal pneumonia

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? acc Date of injury 3-7 1938

Where did injury occur? Home Keosauqua Mo  
(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Concussion - Blows

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) W. H. Hessel, M. D.  
(Address) 802 X St

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.

