CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D SEP 27 1938

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

Do not use this space.

29655

1. PLACE OF DEATH
County Pemiscot — Registration District No. 655 — File No.
Township — Primary Registration District No. 4392 — Registered No.
City Steele (No. , St. Ward)

2. FULL NAME Cora Mae Azbelle 214
(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. 3 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 7. 1937
7. AGE YEARS MONTHS 3 DAYS 5 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Steele Mo 0

FATHER
13. NAME Seamom Axbelle 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bethel Springs Tenn 1

MOTHER
15. MAIDEN NAME Mattie Russell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Timple Hill Ill

17. INFORMANT (ADDRESS) Margrette Cole Steele, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Coleman Cem DATE 1/13 1938
19. UNDERTAKER (ADDRESS) Friends
20. FILED 9/1 1938 S L Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 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 4:00 a.m.
The principal cause of death and related causes of importance were as follows:
This inft died without medical aid
Date of onset
Other contributory causes of importance: 200 a
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?
If so, specify
(Signed) S L Robinson Registrar M. D.
(Address) Steele Mo.
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