

REC'D APR 11 1939

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

10280
Do not use this space.

1. PLACE OF DEATH

(a) County Callaway Registration District No. 104
(b) Township Primary Registration District No. 3008
(c) or Fulton City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 10 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 102 E. Eugene Cobb Clarksville, Mo. R.F.D. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---|---|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>Colored</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lewis Cobb</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>DONT KNOW</u> | | |
| 7. AGE YEARS <u>59</u> | MONTHS <u>2</u> | DAYS <u>2</u> |
| If LESS than 1 day, hrs. or min. | | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>House work</u> | 11. Total time (years) spent in this occupation <u>D.K.</u> |
| | 9. Industry or business in which work was done, as saw mill, bank, etc. <u>Home</u> | |
| | 10. Date deceased last worked at this occupation (month and year) <u>1929</u> | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clarksville, Mo. U.S.</u> | | |
| FATHER | 13. NAME <u>D.K.</u> | <u>9</u> |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>D.K.</u> | <u>9</u> |
| MOTHER | 15. MAIDEN NAME <u>D.K.</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>D.K.</u> | |
| 17. INFORMANT (ADDRESS) <u>Record Hospital #1</u> | | |
| 18. BURIAL, CREMATION OR REMOVAL PLACE <u>Hospital Grounds</u> DATE <u>March 14, 1939</u> | | |
| 19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>E. C. Thomas - 302 Market St. Fulton Mo.</u> | | |
| 20. FILED <u>Mar. 14, 1939</u> <u>R. N. Creve.</u> Local Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1939, to March 10, 1939
I last saw her alive on March 10, 1939. Death is said to have occurred on the date stated above, at 10 A. m.
The principal cause of death and related causes of importance were as follows:
Perforation of Stomach (non-traumatic) MARCH 10, 1939

Date of onset

Other contributory causes of importance: 1190

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? yes

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? No
If so, specify
(Signed) J. R. Bunch M. D.
(Address) State Hosp #1

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

104
2008

5-1 X1603

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision..

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.