REC'D APR 15 1939

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

10971
Do not use this space.

1. PLACE OF DEATH
(a) County Holt — Registration District No. 372
(b) Township — Primary Registration District No. 4218 — Registered No. 1003
(c) or City Mound 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 612 Cora Whobrey Grove.
(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feby 11 1855
7. AGE: YEARS 84 — MONTHS 0 — DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as 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): Franklin Co. Mo.

FATHER
13. NAME: Jesse B Whobrey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

MOTHER
15. MAIDEN NAME: Virginia Ferguson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs Mattie Bridgeman Oregon Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Hope DATE 3/12 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Wm Crawford, Mound City, Mo.
20. FILED Mar 12, 1939, J Cheney, 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 15, 1939, to March 10, 1939
I last saw her alive on March 8, 1939. Death is said to have occurred on the date stated above, at 10 p.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage — Date of onset 2/10/39
Other contributory causes of importance:
Name of operation none — Date of
What test confirmed diagnosis? Clinical — 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 no injury
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) E F Kearney, M. D.
(Address) Oregon Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50M-9-19 I X16605

RECEIVED
District Health Officer No. 11
District File Number 39-304
Date Filed APR 11 1939

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.