

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

2091

1 PLACE OF DEATH

County Marrison
Township Union
or
Village
or
City (NO. St. Ward)

Registration District No. 549 File No.
Primary Registration District No. 5742 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME

Clarence Noble Corbin

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single
6 DATE OF BIRTH 10 3 1903
(Month) (Day) (Year)
AGE 15 yrs. 3 mos. 26 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work At home
(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE

(City or town, State or foreign country) Knox Co. Mo.

10 NAME OF FATHER

Randolph Corbin

11 BIRTHPLACE OF FATHER

(City or town, State or foreign country) Knox Co. Mo.

12 MAIDEN NAME OF MOTHER

Lulu Staffer

13 BIRTHPLACE OF MOTHER

(City or town, State or foreign country) Knox Co. Mo.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Jacob Walpe
Phila Mo
(Address)

15

Filed

Feb 10, 1918 E. F. D. P. L. O. N.
Registrar

1 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Jan. 26, 1918
(Month) (Day) (Year)

17

I HEREBY CERTIFY, that I attended deceased from

May 15, 1917, to Jan 26, 1918
that I last saw him alive on Jan 25, 1918
and that death occurred, on the date stated above, at 5 A. a.m.

The CAUSE OF DEATH* was as follows:

Fracture of Dorsal spine caused by bump of clay saving on him
accidental

CONTRIBUTORY

(Secondary)

(Duration) yrs. mos. ds.

(Signed) H. F. Rhodes M. D.

Jan. 31, 1918 (Address) Philadelphia

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Newark Cem 1-27, 1918

20 UNDERTAKER

B. M. Allen Phila Mo

ADDRESS

Phila Mo

Carotid spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

