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

Do not use this space.

9394

1. PLACE OF DEATH
County: Jasper — Registration District No.: 409 — File No.: 21
Township: Joplin — Primary Registration District No.: 4242 — Registered No.:
City: No. 5561 St. Ward)

2. FULL NAME: Lila G. Cobler.
(a) Residence. No. 13th & Rex Crossing St. Ward. (If nonresident give city or town and State)
(Usual place of abode)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 14 1928
7. AGE: X YEARS — MONTHS: 2 — DAYS: 25 — IF LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jasper Co MO
PARENTS
10. NAME OF FATHER: Herbert Cobler.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): MO
12. MAIDEN NAME OF MOTHER: Elsie Drake.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Minn
14. INFORMANT: Herbert Cobler. (Address) Joplin MO
15. FILED 3/10, 1928. Dr. W. R. Addie REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3-9 1928.
17. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1927, to Mar 1, 1928, that I last saw her alive on Mar 1, 1928, and that death occurred, on the date stated above, at 9 A.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Strepto-Coci
36 infection.
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. H. Brookshire, M.D.
3-9, 1928. (Address) Joplin MO

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mitty Cem. — DATE OF BURIAL: 3-10 1928.
20. UNDERTAKER: Hurlbut Und Co — ADDRESS: Joplin MO

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.

1928