

24 1928

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

Do not use this space.

1928  
5

1. PLACE OF DEATH

County Andrew  
Township Savannah  
City Savannah (No. ....)

Registration District No. 13  
Primary Registration District No. 4010

File No. ....  
Registered No. 49 St. .... Ward)

2. FULL NAME Harriet Brand Cobb

(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 50 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amos Cobb

6. DATE OF BIRTH (MONTH, DAY AND YEAR) no record  
AGE 92 YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Basingstoke  
(STATE OR COUNTRY) England

10. NAME OF FATHER Charles Brand

11. BIRTHPLACE OF FATHER (CITY OR TOWN) England  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Higgins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) England  
(STATE OR COUNTRY)

14. INFORMANT Mrs Mary Griffith  
(Address)

15. FILED 6/25 28 Ed Jippers REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

6. DATE OF DEATH (MONTH, DAY AND YEAR) June 23 1928  
June 13, 1928

I HEREBY CERTIFY THAT I attended deceased from May 30 1928 to June 23 1928  
that I last saw her alive on June 23 1928 and that death occurred, on the date stated above, at 6:40 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Arteriosclerosis  
Myocardial  
Arteriosclerosis  
CONTRIBUTORY (SECONDARY) Arteriosclerosis  
(duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH: no

DID AN OPERATION PRECEDE DEATH? no DATE OF .....  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none  
(Signed) Walter Myer, M. D.  
6-24-1928 (Address) Savannah 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 Savannah Mo DATE OF BURIAL 6-25 1928

20. UNDERTAKER E. C. Bree ADDRESS Savannah Mo

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.

