10 30 1928

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

Do not use this space.

31121

1. PLACE OF DEATH

County Mississippi — Registration District No. 566 — File No.

Township Tywappity — Primary Registration District No. 3050 — Registered No. 79

City Charleston (No. ..... St. ..... Ward)

2. FULL NAME Dorothy Mary Cobbler

(a) Residence. No. P.O. Moore Farm St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 28 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 19, 1928

7. AGE — YEARS — MONTHS 1 — DAYS 28 — 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) Charleston, (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Frank Hamilton

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

12. MAIDEN NAME OF MOTHER Birdie Cobbler

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

14. INFORMANT X Mary Cobbler
(Address) X Charleston, Mo.

15. FILED Sept. 18th 1928 F S Vernon REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3 P.M.

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-17 1928

17. Did not have a physician
I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Unknown Possibly
Acute Enteritis
1 1/3 B (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Unknown
1 1/3 B (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Family History

(Signed) Frank S Vernon, M. D
9-17, 1928 (Address) Charleston Mo Coroner

*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 Oak Grove — DATE OF BURIAL 9/18 1928

20. UNDERTAKER Lair Und Co — ADDRESS Charleston

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.

Dr. Vincent