

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

Do not use this space.

35913

1. PLACE OF DEATH

County Jackson Registration District No. 5558404
 Township Washington Primary Registration District No. 4043355
 City Holmes Park St. _____ Ward _____

File No. _____
 Registered No. 36

2. FULL NAME

Verna Lee Corbett

(a) Residence. No. Holmes Park 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. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 6 1928

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

17. I HEREBY CERTIFY That I attended deceased from Oct 3 1928 to October 6 1928 that I last saw her alive on Oct 9 1928, and that death occurred, on the date stated above, at 11:30 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 17-1926

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 19

7
Branchial Pneumonia
9
 (duration) yrs. mos. 4 ds.
 CONTRIBUTORY Whooping Cough
 (SECONDARY) (duration) yrs. 1 mos. ds.

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 _____

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH, Place of Death

9. BIRTHPLACE (CITY OR TOWN) Holmes Park
 (STATE OR COUNTRY) Missouri

DID AN OPERATION PRECEDE DEATH? no. DATE OF _____

10. NAME OF FATHER Chas Corbett

WAS THERE AN AUTOPSY? no.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Berch Tree
 (STATE OR COUNTRY) Missouri

WHAT TEST CONFIRMED DIAGNOSIS? _____

12. MAIDEN NAME OF MOTHER Blossa Sillyman

(Signed) R. C. Pagan, M. D.
 (Address) 76th & Broadway

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

*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.

14. INFORMANT Chas Corbett
 (Address) Holmes Park Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Palatine Cem. DATE OF BURIAL Oct 8 1928

15. FILED 10-8 J. D. K. Hedges
 REGISTRAR

20. UNDERTAKER R. C. Pagan ADDRESS 76th & Broadway

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.

PERMANENT RECORD

