

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

Do not use this space.

36040
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1. PLACE OF DEATH

County Stoddard
Township Coston
City _____

Registration District No. 939 1201
Primary Registration District No. 1099

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Bartley James Corbin

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 3 1850

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>79</u>	<u>9</u>	<u>26</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired
(b) General nature of industry, business, or establishment in which employed (or employer). Farmer
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co Mo.

PARENTS

10. NAME OF FATHER	<u>Corbin</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)	<u>Not known</u>
12. MAIDEN NAME OF MOTHER	<u>Not known</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)	<u>Not known</u>

14. INFORMANT Albert Kelley -
(Address) Blountfield Mo R 3

15. FILED 10/30/29 J. B. Brackman
Nov 3, 1929 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 29. 1929.

17. I HEREBY CERTIFY, That I attended deceased from Oct 29 - 1929, 19____ to Oct 29 - 1929 that I last saw him alive on Oct 29 1929, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio Sclerosis -
10 to 15
97 (duration) yrs. mos. ds.

CONTRIBUTORY Chronic Bronchitis
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Place of death
DID AN OPERATION PRECEDE DEATH? DATE OF _____
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS H. J. Hunt M. D.
(Signed) _____
, 1929 (Address) Essex 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 <u>Blountfield Mo</u>	DATE OF BURIAL <u>Oct 30 1929.</u>
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20. UNDERTAKER <u>Childs - Blountfield Mo</u>	ADDRESS <u>Blountfield Mo</u>
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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.



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