B 18 1930

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

Do not use this space.

1. PLACE OF DEATH
County Grundy
Township Trenton
City " (No. ..... St. ..... Ward)

Registration District No. 330
Primary Registration District No. 3017

File No. 860
Registered No. .....

2. FULL NAME Mrs. Mary Coberley
(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.

4 7

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 1st 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	71	11	20	

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

235

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

PARENTS
10. NAME OF FATHER Mahlon Hoyt
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Illinois.
12. MAIDEN NAME OF MOTHER Mary Leith.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri.

1 2 1

14. INFORMANT C. A. Lucas.
(Address) Trenton, Mo.

15. FILED Jan 22, 1930 E. A. Duffy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 20 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1929, to Dec 27, 1929, that I last saw her alive on Dec 27, 1929, and that death occurred, on the date stated above, at 6 P. M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Heart Failure
66A
15 minutes (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Goiter, a long period of years. (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? "
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Eric V. Herbert D.O. M.D.
Jan 22 1930 (Address) Trenton, 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: Jamesport I.O.O.F. Cem.
DATE OF BURIAL: Jan. 22, 1930

20. UNDERTAKER: S. V. Roberson
ADDRESS: Jamesport

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.