

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

8405

1. PLACE OF DEATH

County Greene

Dr. Burton
Registration District No. 318

File No.

Township Springfield

Primary Registration District No. 2001

Registered No. 259

City Springfield (No. 419 Cozy Court)

St. Ward

2. FULL NAME

Emogene Corbentuth

(a) Residence. No. 419 Cozy Court St. Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-26-30

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

17. I HEREBY CERTIFY That I attended deceased from 3-26-30 to 3-26-30, 1930, and that I last saw her alive on 3-26-30, and that death occurred, on the date stated above, at 97 m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 12-1863
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 67 0 14

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
apoplexy

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

CONTRIBUTORY (SECONDARY) 1401 (duration) yrs. mos. da.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at place of death

10. NAME OF FATHER Dan Know Brock

DID AN OPERATION PRECEDE DEATH? no DATE OF ...

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

19. WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Dan Know

WHAT TEST CONFIRMED DIAGNOSIS? History & Symptoms of Stroke
(Signed) Dr. Burton, M. D.
3-26-30 (Address) Springfield Mo

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

*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 Harry Corbentuth (Address) 419 Cozy Court

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hogwood DATE OF BURIAL 3-29-30

15. FILED 3-29-30 Goss Sharp REGISTRAR

20. UNDERTAKER W. Harris ADDRESS Moore

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.

