

MAY 28 1930

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

Do not use this space.

13871

1. PLACE OF DEATHCounty St. LouisRegistration District No. 789Township CentralPrimary Registration District No. 60338City Wellston, Mo. (No. 1516)Partridge Road

File No. _____

Registered No. 13K

St. _____ Ward

2. FULL NAMENellie Hogan Corbet(a) Residence, No. 1516 Partridge Road 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**Female**4. COLOR OR RACE**White**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**Widowed**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**Edward A. Corbet**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**Aug 6 - 1863**7. AGE**YEARS
66MONTHS
8DAYS
18 + 2

IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St Louis, Missouri**10. NAME OF FATHER**James Hogan**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

DublinIreland**12. MAIDEN NAME OF MOTHER**Rozina Yeats**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

England**14.**

INFORMANT

(Address)

James H. PlattAlton, Missouri**15.**

FILED

4 / 19 30
Wella Bracy
M.S.
REGISTRAR**MEDICAL CERTIFICATE OF DEATH****16. DATE OF DEATH (MONTH, DAY AND YEAR)**April 24th 19 30**17.**

I HEREBY CERTIFY, That I attended deceased from

several years, 19 to April 24, 19 30that I last saw her alive on April 24, 19 30, and that death occurred, on the date stated above, at 8:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uncompensated heart753
102

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)Hypertension

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT A PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OFWAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Saml. B. Barrett M. D.4/25, 1930 (Address) 5427 Delmar

*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

DATE OF BURIAL

St. Charles Cemetery4/26 19 30**20. UNDERTAKER**

ADDRESS

C. T. Lupton14449
Oliver St.

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.

Delmar 1357