

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.

DEC 22 1930

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

Do not use this space.

36651

1. PLACE OF DEATH

County Rayette
Township Boyer
City Boyer (No. _____) St. _____ Ward _____

Registration District No. 460
Primary Registration District No. 5623-B

File No. _____
Registered No. 98

2. FULL NAME

Infant of Mr + Mrs John Cobb
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct. 29, 1930</u>		
7. AGE	YEARS	MONTHS
		5
IF LESS than 1 day, _____ hrs. or _____ min.		

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

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

Boyer Mo

PARENTS

10. NAME OF FATHER John Cobb
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Chillicothe Mo
12. MAIDEN NAME OF MOTHER Ethel Keidenham
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Boyer Mo

14.

INFORMANT John Cobb
(Address) Boyer, Mo

15.

FILED 1/2 1930 Bessie P. Porter
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) _____ 19____
17. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1930, to Nov 3d, 1930 that I last saw him alive on Nov 2nd, 1930 and that death occurred, on the date stated above, at 4 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Birth (6 month)

CONTRIBUTORY (SECONDARY) Premalins Birth
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 161 W
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Geo A. Kelling, M. D.

15-3 1930 (Address) Waverly 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 Boyer Cemetery DATE OF BURIAL Nov 3 1930

20. UNDERTAKER Hoyer + Memerhagen ADDRESS Hoggsmeville Mo

