

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

Do not use this space.

39643

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township Raw Primary Registration District No. 1002  
City Kansas City (No. 3606) Locust St.

File No. \_\_\_\_\_  
Registered No. 5217  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mrs. Susan Cobb  
(a) Residence. No. 3606 Locust St., 6 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) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Judge Nelson Cobb  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-14-1833  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 97 6 13  
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) New York

10. NAME OF FATHER Margena Baker  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mass  
12. MAIDEN NAME OF MOTHER Elizabeth Benton  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Conn.

14. INFORMANT Clara Cobb  
(Address) 3606 Locust St.

15. FILED 12/29, 1930 M. M. Crowe REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-27-1930  
17. I HEREBY CERTIFY, That I attended deceased from 24th Dec., 1930, to 12/27/1930, that I last saw her alive on 12/27/1930, and that death occurred, on the date stated above, at 9:20 P. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Hypostatic Pneumonia (bilateral)  
Tubercular  
(duration) yrs. mos. 5 ds.  
CONTRIBUTORY (SECONDARY) Chronic Myocarditis (acute dilatation) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH. DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Pipilins sign  
(Signed) Edwin Deller M. D.

17 27, 1930 (Address) 1010 Poplar Bldg  
\*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  
Union Cemetery 12-30 1930  
20. UNDERTAKER ADDRESS  
Stone & McClure City

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.

