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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 40814

Township ..... Primary Registration District No. 1003 Registered No. 11458

City ST. LOUIS MO. (No. 3637 PALM ST. St. ..... Ward)

2. FULL NAME MARY JANE COBBE.

(a) Residence. No. 3637 PALM ST. St., 10 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	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 DANIEL COBBE.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10/19/1857.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	73	1	16	

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) RETIRED.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) AUCKLAND.
(STATE OR COUNTRY) NEW ZEALAND.

PARENTS

10. NAME OF FATHER GEORGE HIGGINSON.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) NOT KNOWN.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Not known BUTTERFIELD.

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

14. INFORMANT James Cobbe
(Address) 3637 Palm St.

15. FILED DEC -6 1930 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/5/30/ 19

17. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1930, to Dec 5, 1930 that I last saw her alive on Dec 4, 1930, and that death occurred, on the date stated above, at 3-15 A.m.

73c
11B

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis (acute exacerbation)

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis & Ca Gall

(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?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A F Heuke, M.D.

12/5/30, 19 (Address) 2206 Howard St

*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 BELLEFONTAIN. DATE OF BURIAL 12/8/ 1930

20. UNDERTAKER Provost Und Co ADDRESS 3710 N Grand

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.