

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.

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

Do not use this space.

593

1. PLACE OF DEATH

24 County ClayRegistration District No. 201Township LibertyPrimary Registration District No. 5280

City

(No. _____)

File No. _____

Registered No. 14

St. _____

Ward _____

2. FULL NAME Orlando B. Corbin(a) Residence, No. 2. O.O.F. Home

St. _____

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 M.4. COLOR OR RACE W.5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-10-1853

7. AGE

YEARS 77MONTHS 9DAYS 17

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

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 2

FATHER

13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 2

MOTHER

15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 217. INFORMANT (ADDRESS) Paul Rogers Supt

18. BURIAL, CREMATION, OR REMOVAL

PLACE 2. O.O.F. Home DATE 1-29 193119. UNDERTAKER (ADDRESS) Marvin Hessel Liberty mo20. FILED 1-29 1931Wuffelradson

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-27 193122. I HEREBY CERTIFY That I attended deceased from July 20 1931, to July 27 1931.
Last saw him alive on July 16 1931. Death is saidto have occurred on the date stated above, at 38 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
82 ADate of onset 1/27/31

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury _____
Nature of injury _____24. Was disease or injury in any way related to occupation of deceased?
If so, specify J.H. Wuffelradson

(Signed) _____, M. D.

(Address) Liberty mo

