WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

MAR 24 1932

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

Do not use this space.

5488

1. PLACE OF DEATH

County: Montgomery — Registration District No. 592

Township: — Primary Registration District No. 4250

City: Montgomery (No. ..... St. ..... Ward)

File No. ..... Registered No. .....

2. FULL NAME: Ora Elizabeth Cobb

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred: Life 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*): single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 18 th 1925

7. AGE: Years 6 — Months 8 — Days 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ~~Country Infirmary~~ Patient

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): Near Montgomery City Mo

FATHER

13. NAME: John Cobb

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ellsberry Mo

MOTHER

15. MAIDEN NAME: Ethel May Cobb Hudson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Montgomery City Mo

17. INFORMANT: John Cobb
(ADDRESS) Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Montgomery City DATE 2/12/1932

19. UNDERTAKER: C. W. Hopkins
(ADDRESS) Montgomery City Mo

20. FILED 2/11 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2/10/1932 19

22. I HEREBY CERTIFY, That I attended deceased from 2-10 1932, to 2-10 1932

I last saw her alive on 2-10 1932. Death is said to have occurred on the date stated above, at 3:30 PM

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

	Date of onset
Membranous tonsillitis (Streptococcus hemolyticus)	2-6-32
acute myocarditis	?
10	
36	
4 yrs	

Other contributory causes of importance:
unknown. (possibly milk)

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no.

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 .....

(Signed) James O. Helm, M. D.
(Address) New Florence, Mo.