

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

Do not use this space.

23435

1. PLACE OF DEATH

67 County Mississippi
9 Township Waverly
4 City Charleston

Registration District No. 566
Primary Registration District No. 3030

File No. _____
Registered No. 58
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) 14th 20th St. Charleston (If nonresident, give city or town and State)

Length of residence in city or town where death occurred _____ mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Cobble

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Near 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
Near 51

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House work 235
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) _____
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) _____

14. INFORMANT Lorene Baker (Address) Charleston, Mo.

15. July 11th 1932 REGISTRAR F. S. Vernon

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/10 1932

17. Did not have a doctor I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy She was not sick. She died in bed with what family termed a stroke when she went to get up in the morning.

CONTRIBUTORY (SECONDARY) The morning (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 82A IF NOT AT PLACE OF DEATH (14)

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS family history
(Signed) Frank S. Vernon M. D.

19 (Address) Charleston, 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 Dale Grove Cemetery DATE OF BURIAL 7/15 1932

20. UNDERTAKER Fair and Co. J. D. Duff ADDRESS Charleston, Mo.

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.

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