

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

Do not use this space.

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1. PLACE OF DEATH
54 County Lafayette Registration District No. 464
Township Washington Primary Registration District No. 5626
City Hughesville

File No. 15
Registered No. 28 Ward)

2. FULL NAME Robert William Cobb
(a) Residence, No. _____ 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 Male 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 _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March - 19 - 1926
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
6 6 3
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. S
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) Adessa mo
mo
13. NAME W S Cobb
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sherrill co
Sherrill mo
15. MAIDEN NAME Sherrill
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sherrill co
mo
17. INFORMANT (ADDRESS) W S Cobb
Hughesville mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Sherrill co DATE 9-24- 1937
19. UNDERTAKER (ADDRESS) Blue Springs mo
Blue Springs mo
20. FILED Oct 1 1937 H. C. Schooley
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/29/37
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____.
The principal cause of death and related causes of importance were as follows:
Fractured Skull
VIO M
Other contributory causes of importance: (5)
Auto Accident
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence, fall, etc.) also the following: Accident, suicide, or homicide Accident Date of injury _____, 19____
Where did injury occur? _____ (Specify city, town, county, and State)
Specify whether injury occurred in industry, home, or in public place. Highway A-1
Manner of injury Auto accident
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? If so, specify. Edmond J. Stack
(Signed) Edmond J. Stack M.D.
(Address) Concordia mo

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.

OCT 26 1937

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Lozouette Registration District No. 464
 Township Washington Primary Registration District No. 3626
 City (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 28

2. FULL NAME

Robert William Cobbs

(a) Residence, No. _____ 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) S

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

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

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

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

FATHER
 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19__

19. UNDERTAKER (ADDRESS)

20. FILED 10/10 1932 R. Schaefer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/22, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Fractured skull Date of onset 30

Other contributory causes of importance:
As to accident!
Boy stepped across highway in front of car.
 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 _____
 (Signed) _____, M. D.
 (Address) _____

SUPPLEMENTARY

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. REGISTRAR SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

11-9-52 S