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

Do not use this space.

32000

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No.
Township — Primary Registration District No. 2007 — Registered No. 725
City Springfield (No. 2358 N. Grant Ave St. Ward)

2. FULL NAME C. Herbert Cobler
(a) Residence, No. 2358 N. Grant Ave St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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) Oct 20-1932

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, 20 hrs. or min.
0	0	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Mo. 1

FATHER
13. NAME C. Herbert Cobler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

MOTHER
15. MAIDEN NAME Elsie Drake
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minn 2

17. INFORMANT (ADDRESS) C. Herbert Cobler Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Lawn Cemetery DATE Oct 21 1932

19. UNDERTAKER (ADDRESS) J. Whitney & Co. Springfield, Mo.

20. FILED 10-21 1932 Ralph Whangston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1932, to Oct 20, 1932
I last saw him alive on Oct 20, 1932. Death is said to have occurred on the date stated above, at 11:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Spina Bifida	
1917 (New Born)	

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? In utero (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? No
If so, specify .....
(Signed) B. E. Ellis, M. D.
(Address) Springfield, Mo

(2)