

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

Do not use this space.

23382

1. PLACE OF DEATH

County Buchanan, Registration District No. 35
Township _____ Primary Registration District No. _____
City St. Joseph, (No. 1112 Lincoln) St. _____ Ward _____

File No. _____
Registered No. 892

2. FULL NAME Cora Bell Wymer,

(a) Residence, No. 1112 Lincoln, St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married,</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John L. Wymer,</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 1, 1881</u>		
7. AGE	YEARS <u>53</u>	MONTHS <u>6</u>
	DAYS <u>26</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeping,</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At Home,</u>	
	10. Date deceased last worked at this occupation (month and year) <u>July 27, 1934</u>	
	11. Total time (years) spent in this occupation <u>33</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Norwich, Ohio,</u>		
FATHER	13. NAME <u>Ira E. BeBout,</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Norwich, Ohio,</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Taylor,</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Norwich, Ohio,</u>	
17. INFORMANT (ADDRESS) <u>John L. Wymer, 1112 Lincoln St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ashland Cem.</u> DATE <u>July 30, 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Heaton-Bethols & Bowman, 319 So. 10th St. Funeral Home</u>		
20. FILED <u>7-28 1934</u> <u>John R. Bowers</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27th, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1934, to July 27, 1934. I last saw her alive on July 27, 1934. Death is said to have occurred on the date stated above, at 3:00 p.m.

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

apoplexy

82A

82A

Other contributory causes of importance:

hemorrhage of brain

Date of onset _____

Name of operation _____ Date of _____

What test confirmed diagnosis? none 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? no

If so, specify _____

(Signed) W. T. Bloomer, M. D.

(Address) 1218 W. 3rd

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.

AUG 14 1934

