

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

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

Do not use this space.

SEP 29 1934

31717

146 PLACE OF DEATH  
County Vernon  
Township  
City Nevada (No. ....)

Registration District No. 875  
Primary Registration District No. 3039

File No. 155  
Registered No. ....  
St. .... Ward)

2. FULL NAME Frances Clara Corbett  
(a) Residence, No. W. Austin St. .... Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 1 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>J. J. Corbett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 1, 1877</u>		
7. AGE <sup>Y</sup> <u>57</u>	YEARS <u>6</u>	MONTHS <u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>		11. Total time (years) spent in this occupation
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)		

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	13. NAME <u>James Clara</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
	15. MAIDEN NAME <u>Matilda Cox</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
17. INFORMANT <u>J. J. Corbett</u> (ADDRESS) <u>Nevada, Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Marshfield</u> DATE <u>Aug 4</u> , 19 <u>34</u>	
19. UNDERTAKER <u>Alfred J. Hayes</u> (ADDRESS) <u>Nevada, Mo</u>	
20. FILED <u>Aug 13</u> , 19 <u>34</u> <u>W. M. Gunn</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

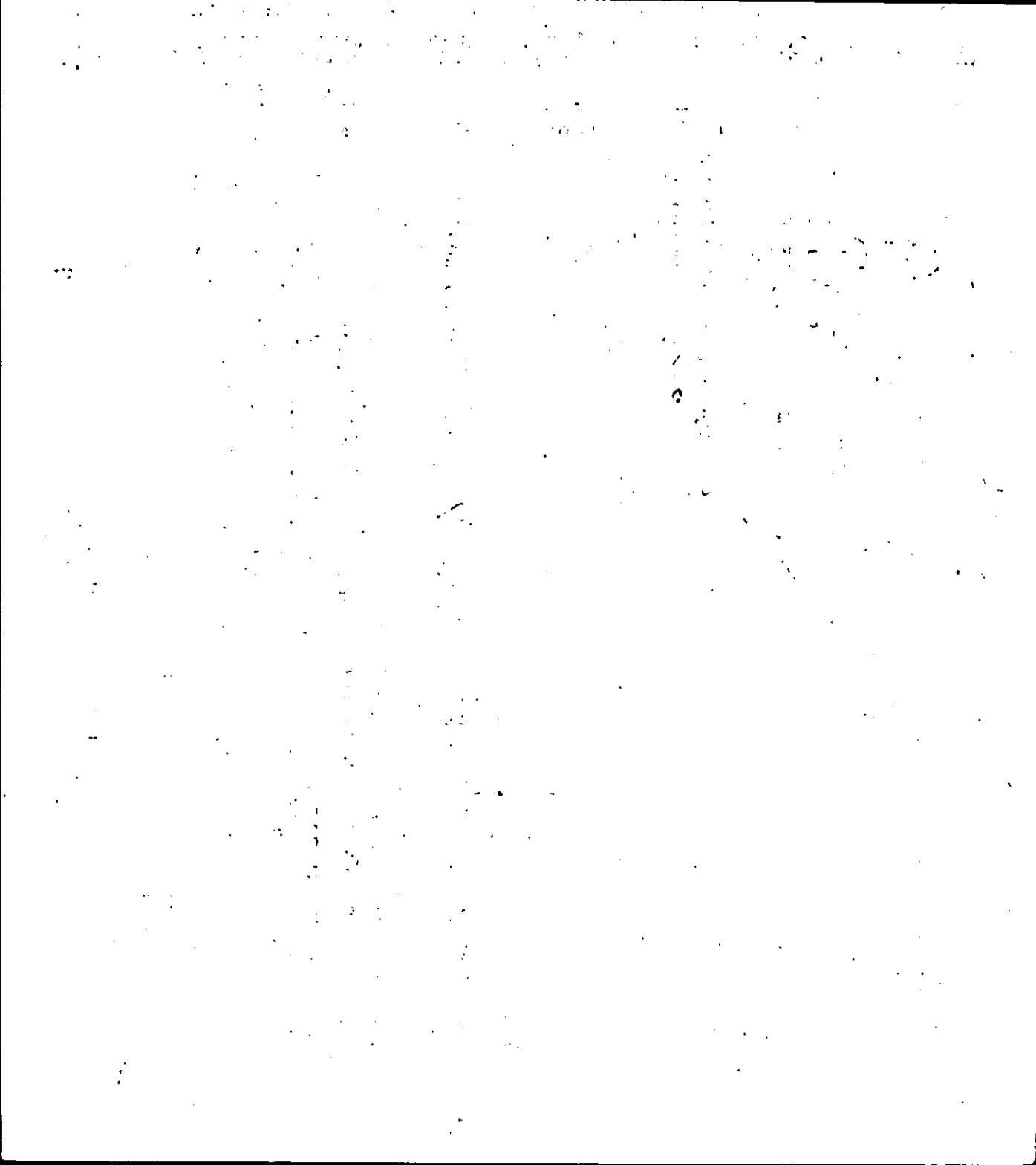
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2, 1934

22. I HEREBY CERTIFY That I attended deceased from June 2, 1934 to Aug 2, 1934  
I last saw her alive on Aug 19, 1934. Death is said to have occurred on the date stated above, at 9:30 P. M.  
The principal cause of death and related causes of importance were as follows:  
acute nephritis Date of onset 1934  
Myocarditis  
Other contributory causes of importance:  
Laboratory Date of Mo  
Name of operation  
What test confirmed diagnosis? Laboratory 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) J. B. King, M. D.  
(Address) Nevada, Mo.



Vernon

WASHINGTON

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Francis Clay Carbett  
Who died at \_\_\_\_\_ on Aug 2 - 1934  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex F Color or race W Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 57 Months 6 Days 1

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

Principal cause of death: ac nephritis ASCA  
No. Not. known cause

Other contributory causes of importance nephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

Name of physician \_\_\_\_\_

Address of physician M. Leibinger \_\_\_\_\_

\*Signature of Registrar \_\_\_\_\_ Date filed Aug 3 1934

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 875

Primary Reg. Dist. No. 3039

E. R. King

Very truly yours,  
E. J. Mc Gaugh md  
g e

Special Agent.

MEMORANDUM FOR THE DIRECTOR

RE: [Illegible]

DATE: [Illegible]

[Illegible typed text]

[Illegible typed text]

[Illegible typed text]

[Illegible typed text]

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