

OCT 15 1934

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

350197

## 1. PLACE OF DEATH

County Coffinger  
 Township Wayne  
 City Wayne (No.       )

Registration District No. 69  
 Primary Registration District No. 5708

File No. 15  
 Registered No.        St.        Ward       

## 2. FULL NAME

(a) Residence, No.        St.        Ward         
 (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.

Januel Boone Corbin

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14, 1857

7. AGE YEARS 77 MONTHS 7 DAYS 23 If LESS than 1 day, hrs. or min.

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

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) 9-3-33 11. Total time (years) spent in this occupation know

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

13. NAME George Corbin

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

15. MAIDEN NAME Hatfield

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

17. INFORMANT George Corbin (ADDRESS) Greenbush Mo.

18. BURIAL, CREMATION, OR REMOVAL       

PLACE Cato Cemetery DATE Oct. 8, 1934

19. UNDERTAKER A. J. Baker (ADDRESS) Jeffersonville Mo.

20. FILED 10-7-1934 A. T. Kirkpatrick Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1934 to Oct. 7, 1934

I last saw him alive on Oct. 5, 1934 Death is said

to have occurred on the date stated above, at 5:30 p.m.

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

BRA Date of onset       

Cerebral Hemorrhage

Other contributory causes of importance:       

      

      

      

      

      

      

      

      

      

      

      

      

      

      

      

      

      

      

      

      

      

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.

VITAL RECORD

