DEC 13 1934

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

Do not use this space.

38741

1. PLACE OF DEATH
County: Cape Girardeau — Registration District No.: 125 — File No.:
Township: — Primary Registration District No.: 3009 — Registered No.: 239
City: Cape Girardeau (No.: Southeast Mo. Hospital St. Ward)

2. FULL NAME: Fredia Cobble

(a) Residence, No. (Usual place of abode) St., Ward. Jackson Mo. (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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: J. C. Cobble

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 7, 1895

7. AGE: Years 39 — Months 10 — Days 5 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
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): Daisy Mo.

FATHER

13. NAME: R. A. Hills
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Daisy Mo.

MOTHER

15. MAIDEN NAME: Mary E. Limbaugh
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Daisy Mo.

17. INFORMANT (ADDRESS): J. C. Cobble, Dox Ridge, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: New Salem Cem. DATE: 11-13, 1934

19. UNDERTAKER (ADDRESS): Cragoft-Miller, Jackson, Mo.

20. FILED: 11-12, 1934 J. M. Thompson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-12, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-11, 1934, to 11-12, 1934
I last saw her alive on 11-12, 1934. Death is said to have occurred on the date stated above, at 4 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Puerperal Sepsis	
14 Hr	
14 Hr	
1 Hr	1 Hr ago

Other contributory causes of importance: Generalized peritonitis

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? No
If so, specify ✓

(Signed) Albert M. Estes, M. D.
(Address) 115 W. Main, Jackson, 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.