

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

Do not use this space.

MAR 20 1935

4331

1. PLACE OF DEATH

County Benton Registration District No. 61
Township Alexander Primary Registration District No. 5-098
City Washington Mo (No.) St. Ward)

File No.
Registered No. 3

2. FULL NAME

(a) Residence, No. St. Ward.

(Usual place of abode)

(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.

Shirley Joan Cobb

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE whit 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 20, 1934
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1 12

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2, 1935
22. I HEREBY CERTIFY, That I attended deceased from Jan-20 - 1935 to Feb-2 - 1935
I last saw her alive on Feb-2, 1935 Death is said to have occurred on the date stated above, at 4:15 p.m.
The principal cause of death and related causes of importance were as follows:

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

Other contributory causes of importance: Whooping Cough
9
Date of onset 1-15-35

MOTHER FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
13. NAME Lowell Cobb
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
15. MAIDEN NAME Letha Breshears
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

Name of operation Physical Exam Date of 1-15-35
What test confirmed diagnosis? Physical Exam Was there an autopsy? No

17. INFORMANT Lowell Cobb
(ADDRESS) Trustee, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Avery DATE Feb 3 35
19. UNDERTAKER (ADDRESS) J. H. Luckey
Washington Mo
20. FILED 213 19 35 Jas. A. Logan
Registrar.

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) A. S. Wheatland M. D.
(Address) Wheatland 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.

