

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

Do not use this space.

MAR 28 1935

6721

1. PLACE OF DEATH

Country St. Louis Registration District No. 787
Township Memorial Primary Registration District No. 6035
City St. Louis (No.) St. Ward

2. FULL NAME

(a) Residence, No. 1910 Pacific St. Mo. Ward
(Usual place of abode)
Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-11-1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 7 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm
10. Date deceased last worked at this occupation (month and year) 1-21-35 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dozies, Mo.

13. NAME James Cobb

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

15. MAIDEN NAME Bridget Fitzgerald

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

17. INFORMANT Anna Cobb
(ADDRESS) Pacific, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pacific Cemetery DATE 2-11-1935

19. UNDERTAKER J. A. Thibault & Son
(ADDRESS) Pacific, Mo.

20. FILED Feb 9 - 1935 W. B. B. B. B.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-8-1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1935, to Feb 8, 1935

I last saw him alive on Feb 8, 1935. Death is said

to have occurred on the date stated above, at 10:30 a.m.

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

Apoplexy
Valvular (Mitral) Regurgitation
Date of onset 2-8-35

Name of operation Date of

What test confirmed diagnosis? 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. B. B. B. B., M. D.

(Address) Pacific, 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.

WRITE PRINTED WITH UNFADING INK—THIS IS A PERMANENT RECORD

