

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.

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

Do not use this space.

15270

MAY 8 1935

1. PLACE OF DEATH

County Scott
Township Seikeston
City Seikeston (No. _____)

Registration District No. 821
Primary Registration District No. 4553

File No. _____
Registered No. _____
St. _____ Ward) _____

2. FULL NAME Amanda Cobb

(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.

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 John Cobb

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 29-1860

7. AGE YEARS 74 MONTHS 6 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

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. Housework
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau County Missouri

FATHER 13. NAME John Berry

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

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT Wm J Bellis (ADDRESS) Seikeston, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Seikeston, Mo DATE April 7 1935

19. UNDERTAKER H. J. Welch (ADDRESS) Seikeston, Mo

20. FILED 4/9/35 19 W. H. P. Hill M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1 1935 to Apr 5 1935

I last saw her alive on Apr 3 1935 Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Pneumonia taken
Paralysis 1 yr.

Date of onset

Other contributory causes of importance:

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? _____

If so, specify _____

(Signed) A. A. Myrland M. D.

(Address) Seikeston Mo

