

AUG 14 1935

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

Do not use this space.

22607

1. PLACE OF DEATH

County

Reverline

Registration District No.

282

Township

Union

Primary Registration District No.

13401

City

(No.)

St.

Ward)

2. FULL NAME

Florence E. Cobb

(a) Residence, No.

near Campbell 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

W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

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

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

Nov 18 1869

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

65

8

20

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

House Keeper

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)

1935

11. Total time (years) spent in this occupation

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

Mo.

13. NAME

Pinkney Elder

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

unknown

15. MAIDEN NAME

Elizabeth Cunningham

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

unknown

17. INFORMANT (ADDRESS)

Mrs. W. P. Briggman
Campbell Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Elder Ave.

DATE

7/30

1935

19. UNDERTAKER (ADDRESS)

Landers Funeral Home
Campbell Mo.

20. FILED

7/29

1935

E. W. Lander
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 28

1935

22. I HEREBY CERTIFY that I attended deceased from

June 10

July 28

1935

I last saw her alive on

July 27

1935

Death is said to have occurred on the date stated above, at 7:2 a. m.

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

Carcinoma in mouth
Symptoms noted by patient about June 1st 1935 - treated with mouth washes till development became rapid
Other contributory causes of importance: Caused by irritation from broken tooth

Date of onset

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)

W. J. Rutledge
Campbell, Mo

M. D.

(Address)

Campbell, 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.

