

DEC 17 1935

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

Do not use this space.

35344

## 1. PLACE OF DEATH

County Callaway Registration District No. 104  
Township 4 Primary Registration District No. 3008  
City Fulton (No. 4) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 232

2. FULL NAME Mrs. Pearl Cobb

(a) Residence, No. Centerview, Mo. 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 Dr. Charles Cobb  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31, 1885  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
50 7 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) Tarkio, Missouri13. NAME Tom Huggins14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K.15. MAIDEN NAME ELiza Hardesty16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Homer, Illinois17. INFORMANT Hospital Records  
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL  
PLACE Kansas City, Mo. DATE OK 193519. UNDERTAKER Wm. L. Landis  
(ADDRESS) 26 E. 1st20. FILED Nov. 13, 1935 R. M. Cress  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12, 193522. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1935 to Nov. 12, 1935I last saw her alive on Nov. 12, 1935 Death is said to have occurred on the date stated above, at 11:05 P. M.

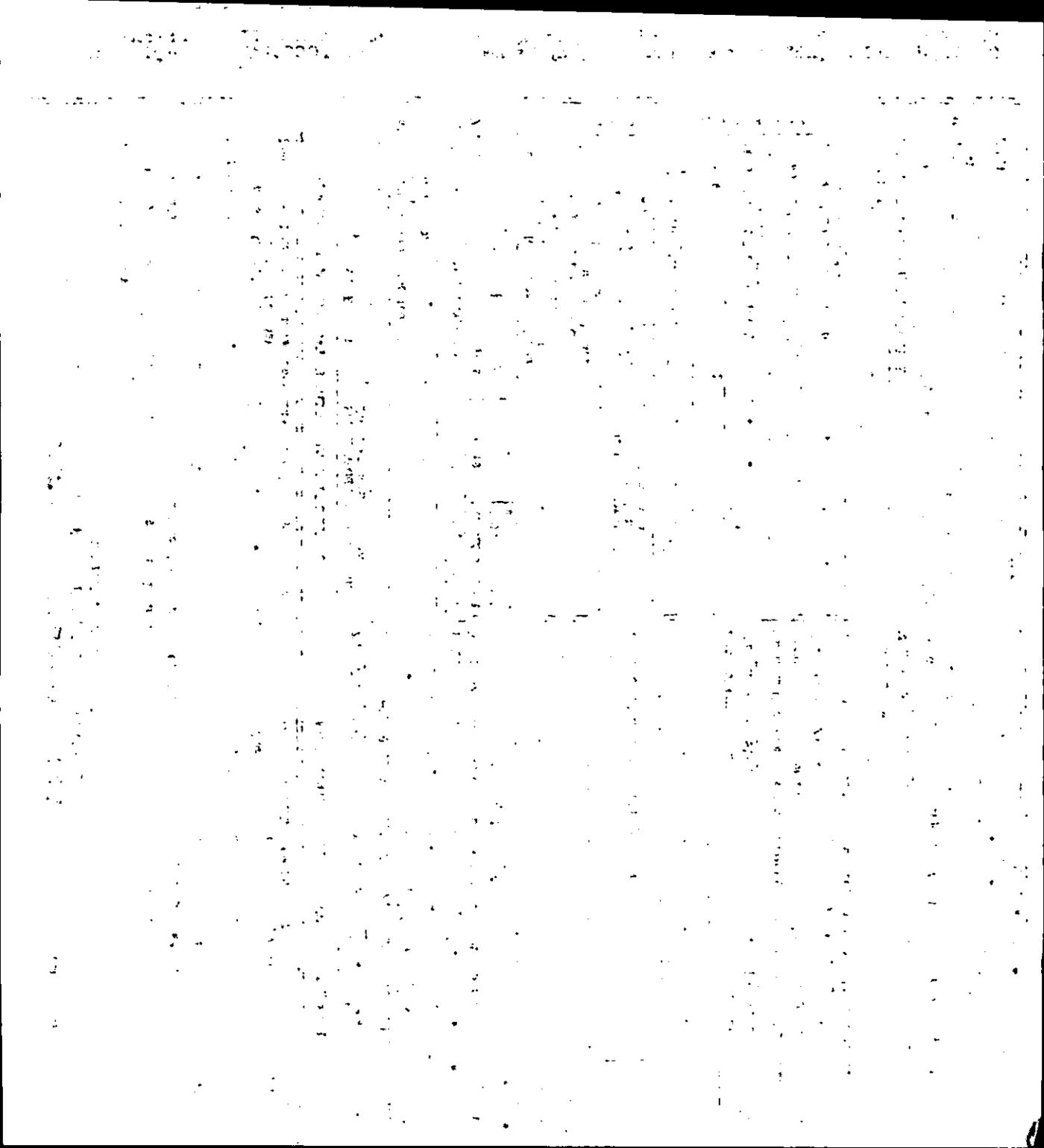
The principal cause of death and related causes of importance were as follows:

Acute Bright's Disease Date of onset D. K.Other contributory causes of importance: 130

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes23. 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) E. E. Landis, M. D.  
(Address) Fulton, 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.



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Callaway Registration District No. 104  
Township \_\_\_\_\_ Primary Registration District No. 3008  
City Fulton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 232

**2. FULL NAME**

Mrs Pearl 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<br><u>F</u>   | 4. COLOR OR RACE<br><u>W</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>m</u> |   |  |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF |   |   |   |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)                      |   |   |   |  |
| 7. AGE   | YEARS   | MONTHS  | DAYS  | If LESS than 1 day, _____ hrs. or _____ min. |
|  | <u>50</u>   | <u>7</u>  | <u>11</u>                                       |  |
| 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 |  |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)             |   |   |   |  |
| MOTHER   | 13. NAME  |   |   |  |
|  | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  |   |   |  |
|  | 15. MAIDEN NAME   |   |   |  |
| FATHER   | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  |   |   |  |
|  | 17. INFORMANT (ADDRESS)   |   |   |  |
| 18. BURIAL, CREMATION, OR REMOVAL                            |   |   |   |  |
|  | PLACE   | DATE  |   |  |
|  |   | 19  |   |  |
| 19. UNDERTAKER (ADDRESS)                                     |   |   |   |  |
| 20. FILED <u>Nov 13 1935 R. W. Cress</u><br>Registrar.       |   |   |   |  |

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 12 1935

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

acute Brights Disease Date of onset \_\_\_\_\_

cause unknown

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 cause (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) E. C. Lander M. D.  
(Address) Fulton mo

**SUPPLEMENTARY**

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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.

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