MAR 23 1936

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

Do not use this space.

6724

1. PLACE OF DEATH
County McDonald Registration District No. 142 File No.
Township Erie Primary Registration District No. Registered No.
City (No. St. Ward)

2. FULL NAME Albert H. 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 male
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~~ Eva Cobb

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25-1892

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
44	0	12	

OCCUPATION
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.
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) mo

FATHER
13. NAME Cobb
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 (ADDRESS) Eva Cobb Anderson mo R.3

18. BURIAL, CREMATION, OR REMOVAL
PLACE Anderson mo DATE 2-7 1936

19. UNDERTAKER (ADDRESS) Chas W. Williams Goodman mo

20. FILED 3-10 1936 Chas W. Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1936, to Feb 6, 19(
I last saw him alive on Feb 5, 19(Death is said to have occurred on the date stated above, at 5 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Catarrhal Pneumonia with Flu	

Other contributory causes of importance: —

Name of operation Date of
What test confirmed diagnosis? Clinic 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. H. Horton, M. D.
(Address) Pineville, mo