

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

Do not use this space.

27757

AUG 28 1936

**1. PLACE OF DEATH**

County St. Clair Registration District No. 765  
 Township \_\_\_\_\_ Primary Registration District No. 4460  
 City Orcutt (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward \_\_\_\_\_)

File No. \_\_\_\_\_  
 Registered No. 21

**2. FULL NAME**

James Wesley Corbin  
 (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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-8, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from 7-8, 1936, to 7-8, 1936  
 I last saw him alive on 7-6, 1936 Death is said to have occurred on the date stated above, at 7 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12-1863

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
73 4 27

Date of onset ?

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) March 1924

11. Total time (years) spent in this occupation

Other contributory causes of importance:  
Infirmities of old age.

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

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

13. NAME James H. Corbin

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

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

15. MAIDEN NAME Nancy Beckley

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

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Tracy Durbin (ADDRESS) Orcutt, Mo

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Bear Creek Cem DATE 7-10- 36

19. UNDERTAKER Ed Hull (ADDRESS) Orcutt, Mo

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_ (Signed) Robert Wray, M.D.  
 (Address) Orcutt, Mo

20. FILED 7/1 1936 R. Seewers Registrar.

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.

