JUL 30 1936

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

Do not use this space.

29509

1. PLACE OF DEATH
County Scott
Township
City Illmo (No. , St. Ward)

Registration District No. 1154
Primary Registration District No. 6064

File No.
Registered No.

2. FULL NAME Anna Cobliotte

(a) Residence, No. St., Ward. Sarcfelt Mo
(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 Peter Cobliotte

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10 1892

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
44	2	9	

OCCUPATION
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) Scott Co. Mo

FATHER
13. NAME Parker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know Dont Know

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know Don't Know

17. INFORMANT Mrs. Elsie Burneson
(ADDRESS) 7 N Park Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE McMorriah Pk Cape Co Mo DATE July 21 1936

19. UNDERTAKER Bispling Hoff & Hubbard
(ADDRESS) Illmo Mo.

20. FILED July 21 1936 B. F. Dunn
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19 1936

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:

	Date of onset

Other contributory causes of importance:
Coroner Jury Verdict while riding in auto crashing into side of a Sentley Moving Van Pole Fell Trapped in a Public Crossing

Name of operation Date of
What test confirmed diagnosis? J. Walker was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7-19-, 1936
Where did injury occur? Illmo, Scott Co., Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
On Public Crossing
Manner of injury Concussion of the Head
Nature of injury and Mangling of the Body

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) , M. D.
(Address)

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD