

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

Do not use this space.

NOV 20 1936

1. PLACE OF DEATHCounty Buchanan,Registration District No. 85Township St. Joseph,Primary Registration District No. 1001City St. Joseph,(No. 2819 Faraon)

36744

File No. _____

Registered No. 1272

St. _____ Ward _____

2. FULL NAME Cora B. Coblentz,(a) Residence, No. 2819 Faraon St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 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) Widowed,5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ciarence L. Coblentz,6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 19, 18687. AGE YEARS 68 MONTHS 1 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping,9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home,10. Date deceased last worked at this occupation (month and year) October 1936 11. Total time (years) spent in this occupation 4512. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Odessa, Missouri,13. NAME Sampson Simpson,14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Ohio,15. MAIDEN NAME Julian Davidson,16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown,17. INFORMANT Charles J. Simpson (ADDRESS) 2819 Faraon Street,18. BURIAL, CREMATION, OR REMOVAL PLACE St. Ro. Mem. Park DATE Oct. 10th, 193619. UNDERTAKER H. Eaton - Baker & Bowman (ADDRESS) 519 So. 10th. Street, Kansas City,20. FILED 10-8 19 36 A. X. Neelburt Registrar.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 8th, 193622. I HEREBY CERTIFY, That I attended deceased from June 1936, to Oct 8, 1936I last saw her alive on Oct 7, 1936 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:

Myocarditis etc Date of onset 1/5/37

Other contributory causes of importance:

Cut. Scler Gau. + Myocarditis
died in the emergency
heart failure

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? No

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) (A. X. Neelburt) _____, M. D.(Address) St. Joseph Mo.

Fason
Kitt.

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