

JAN 27 1937

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

Do not use this space.

47318

1. PLACE OF DEATH

County *Stelby*
Township *East River*
City *Shelbina* (No. St. Ward)

Registration District No. *830*
Primary Registration District No. *4503*

File No.
Registered No. *54*

2. FULL NAME

Cordelia Perry Dobyns
(a) Residence, No. *Shelbina Mo.* St. Ward. (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) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Benjamin Franklin Dobyns*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 13, 1849*

7. AGE YEARS *87* MONTHS *7* DAYS *9* If LESS than 1 day, hrs. or min.

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) *Florida Mo.*

13. NAME *Dr. Samuel Williams*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*

15. MAIDEN NAME *Mary Burgess*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Virginia*

17. INFORMANT *B. J. Dobyns* (ADDRESS) *Shelbina Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Shelbina, Mo.* DATE *Dec. 24, 1936*

19. UNDERTAKER *E. Hayes Shelbina, Mo.* (ADDRESS)

20. FILED *Dec 26, 1936* *Mrs. R. H. Wales* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12-22-1936*

22. I HEREBY CERTIFY, That I attended deceased from *1-10-33*, 19....., to *12-22-36*, 19.....

I last saw her alive on *12-22-36*, 19..... Death is said to have occurred on the date stated above, at *4 P.* m.

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

myocarditis chronic
dilatation acute Date of onset *12-21-36*

Other contributory causes of importance: *Rheumatism* *1920*

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. M. Wood* M. D.
(Address) *Shelbina 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.

