

MAY 19 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

34 County Douglas
 Township Baughman
 City (No.)

Registration District No. 917Primary Registration District No. 5507File No. 16227Registered No. St. Ward

2. FULL NAME

Jesse E. Cobal(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

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

Married

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

Feb 18 1884

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.83213

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Washington

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)

Arkness2

FATHER

13. NAME

Abston Swinton1

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

Ozark co1

MOTHER

15. MAIDEN NAME

Leroy Swinton

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

Mo Ozark co

17. INFORMANT (ADDRESS)

J.W. Freeman

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Salem graveyard

DATE

5-11

1937

19. UNDERTAKER (ADDRESS)

J.W. Freeman, Son

20. FILED

917, 19 H D Hopkins

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

May 1 1937

22. I HEREBY CERTIFY, That I attended deceased from

 , 19 , to , 19 I last saw him alive on , 19 . Death is saidto 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:

Name of operation

Date of

What test confirmed diagnosis?

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

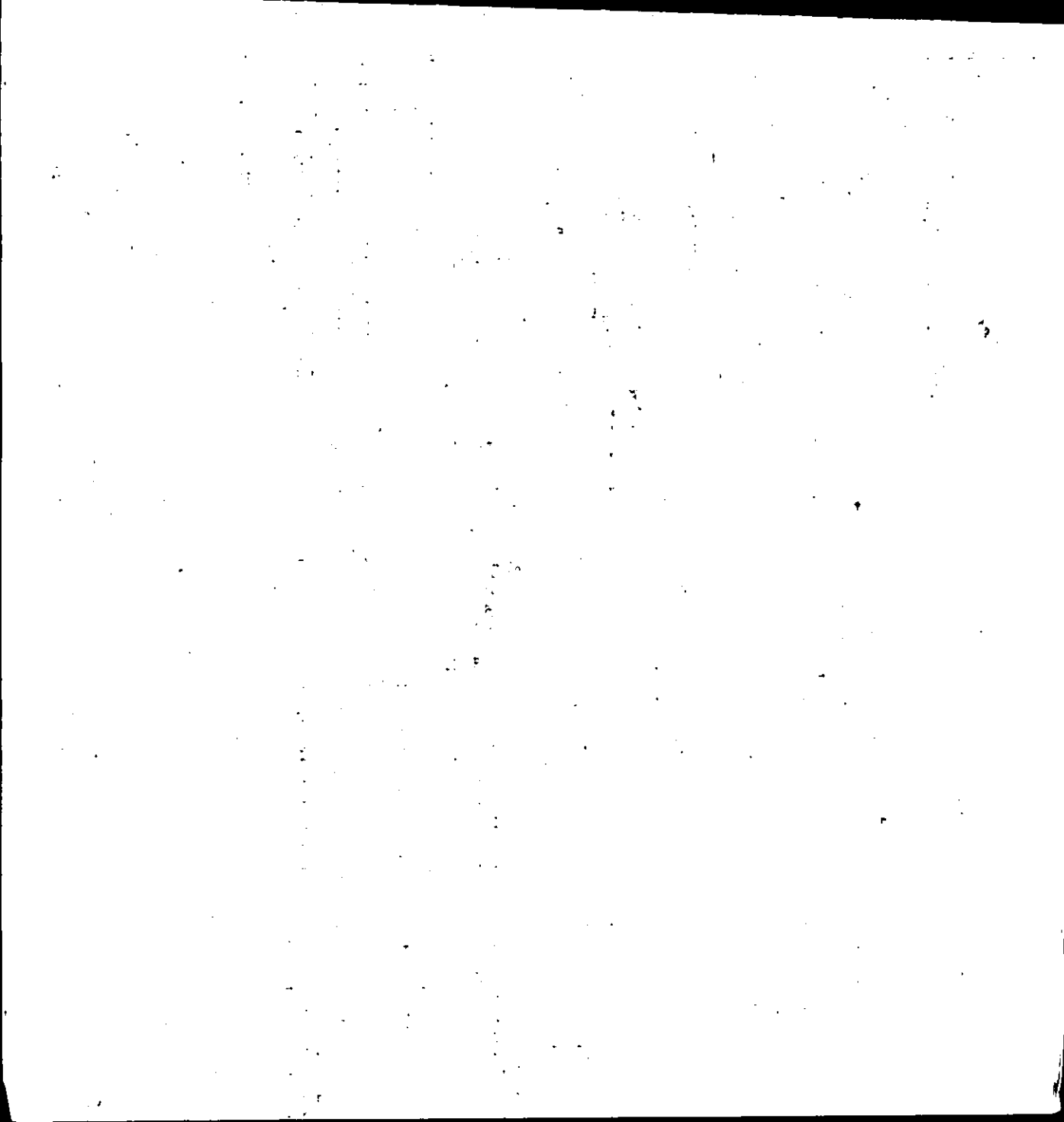
24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. D.

(Address)



(Address) 9800 1st St NW, Suite 100, Silverdale, WA 98280

5-16227