

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

Do not use this space.

JUN 17 1937

1. PLACE OF DEATH

16 County Cape Girardeau Registration District No. 125 File No. 19670
 1 Township Home Primary Registration District No. 3009 Registered No. 141
 8 City Home, Melteville (No. 1) St. 1 Ward

2. FULL NAME Marion Cobb

(a) Residence, No. Cape Girardeau Mo Ward. 1
 (Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nancy Cobb</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-22-1877</u>		
7. AGE YEARS <u>59</u>	MONTHS <u>10</u>	DAYS <u>15</u>
If LESS than day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Lebor</u>	
	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) <u>Shippes Ala</u>		
FATHER	13. NAME <u>Sam Cobb</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ala</u>	
MOTHER	15. MAIDEN NAME <u>Donn Knou</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>"</u>	
17. INFORMANT <u>Willis Cobb</u> (ADDRESS) <u>Cape Girardeau Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Bernard</u> DATE <u>5/11</u> (37)		
19. UNDERTAKER <u>Preyers & Eide</u> (ADDRESS) <u>Cape Girardeau Mo</u>		
20. FILED <u>5-10-1937</u> <u>J. M. Thompson</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1937 to May 15 1937
 last saw him alive on May 8 1937 Death is said to have occurred on the date stated above, at 10 A. M.
 The principal cause of death and related causes of importance were as follows:

Organic Heart 1936
 Aortic insufficiency

Other contributory causes of importance:
 Chronic Myocarditis 1936

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) W. M. D. H. H. H. M. D.
 (Address) Cape Girardeau Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every physician should state EXACTLY. PHYSICIANS should state EXACTLY. AGE should be properly classified. Exact statement of OCCUPATION is very important.

