

JUN 30 1937

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

Do not use this space.

21640

1. PLACE OF DEATH  
 County North Registration District No. 903  
 Township Witchell Primary Registration District No. 0212  
 City West City (No. 9) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Cora Early  
 (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 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Corbie Early

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10, 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>68</u>	<u>6</u>	<u>14</u>	

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

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) 1935

11. Total time (years) spent in this occupation 72

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alleysale Mo.

13. NAME Nathan Lamb

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

15. MAIDEN NAME Rosetta M. Mosby

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

17. INFORMANT (ADDRESS) Mrs. Nathan Lamb  
Face Rock Calif.

18. BURIAL, CREATION, OR REMOVAL PLACE Fulls Grove DATE 4/24 1937

19. UNDERTAKER (ADDRESS) Arch C. Dumble  
West City, Mo.

20. FILED 6-9 1937 Ed Mull Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 24 1937

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1937, to 4 24, 1937  
 I last saw her alive on 4 23, 1937. Death is said to have occurred on the date stated above, at 330 P m.  
 The principal cause of death and related causes of importance were as follows:  
Coronary Artery Sclerosis  
 Date of onset 1935

Other contributory causes of importance: 40

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Ray 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) J. Ross, M. D.  
 (Address) W. W. Stealy, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

