

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.

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

Do not use this space.

SEP 24 1937

31565

1. PLACE OF DEATH

County Randolph Registration District No. 735  
Township Moberly Primary Registration District No. 3034  
City Moberly (No. 516 Fulton)

File No. \_\_\_\_\_  
Registered No. 201  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 516 Fulton 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

MEDICAL CERTIFICATE OF DEATH

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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 28<sup>th</sup> 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
91 10 25

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

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) Pa

13. NAME Thomas W. Cobb

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

15. MAIDEN NAME Velma Blain

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

17. INFORMANT L S James (ADDRESS) Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly Mo DATE Aug 25<sup>th</sup> 1937

19. UNDERTAKER Mulhan and Son (ADDRESS) Moberly Mo

20. FILED Aug 25 1937 Ethel Johnston Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23<sup>rd</sup> 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1937, to Aug 23, 1937

I last saw him alive on Aug 5, 1937. Death is said to have occurred on the date stated above, at 5:30 p. m.

The principal cause of death and related causes of importance were as follows:  
Major Med. Death (Date of onset 8/17/37)  
Fever

Other contributory causes of importance: 1860

Name of operation Autol Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

22. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 8/17/37

Where did injury occur? Spain (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Spinal

Nature of injury Major Med. R. Fever

24. Was disease of injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) W. J. Mall M. D.

(Address) Moberly Mo

