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.

REC'D APR 19 1938

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

Do not use this space.

1. PLACE OF DEATH
County Gentry
Township Cooper
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 314
Primary Registration District No. 5429 B

File No. 10709
Registered No. 2

2. FULL NAME Mrs. Paralea Cobb 100
(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: H
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widow
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ ~~(OR) WIFE OF~~ widow of Clay Cobb deceased
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 18-1852
7. AGE: YEARS 85 MONTHS 4 DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) Gentry Co Mo

FATHER
13. NAME Eng.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eng

MOTHER
15. MAIDEN NAME Mary Bralock
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eng.

17. INFORMANT (ADDRESS) Commodore Cobb Darlington Mo R.R.
18. BURIAL, CREMATION, OR REMOVAL Gentry Co Cemetery
PLACE Long Branch DATE 3/3 1938
19. UNDERTAKER (ADDRESS) Laton A. Phillips Stanberry Mo
20. FILED 3/2 1938 C. A. Fenner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 2, 1938
22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1938 to Mar 2, 1938 last saw her alive on Feb 2, 1938 Death is said to have occurred on the date stated above, at 1:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Rectum	

Other contributory causes of importance: 46

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) Frank Rose, M. D.
(Address) Albany Mo

Dr Frank Rose