

REC'D APR 19 1938

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

10739

Do not use this space.

1. PLACE OF DEATH

(a) County Green(b) Township Springfield(c) City Springfield

(e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 316Primary Registration District No. 2001(d) Street No. St. John's Hospital

(If death occurred in Hospital or Institution, write its name instead of street and number)

Registered No. 213

2. PRINT FULL NAME

(a) Residence, No. Mrs. Lora Cobb. 100Hurley, Mo. (Stone Co.) St.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

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

Robert Cobb.

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

Jan. 15 - 1908

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

30123

OCCUPATION

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

housewife

9. Industry or business in which work was done, as 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)

Mo.

FATHER

13. NAME

Rutledge Gerard

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

Mo.

MOTHER

15. MAIDEN NAME

Bertie Short.

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

Mo.

17. INFORMANT (ADDRESS)

Mrs. Rutledge Gerard, Clever, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Frazier Chapel DATE Mar. 9 - 1938

19. FUNERAL DIRECTOR (ADDRESS)

J. H. Maples, Clever, Mo.

20. FILED

Mar 8 1938 Chas A George

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 8 - 1938

22. I HEREBY CERTIFY, That I attended deceased from

Mar 2, 1938, to Mar 8, 1938I last saw her alive on Mar 7, 1938. Death is saidto have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

Septic Infection GeneralDate of onset Mar 1.

Other contributory causes of importance:

PneumoniaName of operation Section Hysterectomy Date of 3-8-38What test confirmed diagnosis? Cleaved 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) Joseph D. Laws, M. D.Springfield Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

STATEMENT BY LICENSED EMBALMER

I, J. H. Maples, Licensed Embalmer No. 2985
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.
Signed J. H. Maples
Licensed Embalmer No. 2985

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)