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.

REC'D APR 23 1938

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

Do not use this space.

1. PLACE OF DEATH
107 County Texas Registration District No. 865 File No. 12343
Township Cass Primary Registration District No. 6143 Registered No. 94
City (No. St. Ward)

2. FULL NAME Lou Mitchell Corbin 615
(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 1 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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~~ Addie Corbin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10, 1872
7. AGE Years 65 Months 8 Days 9 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) March 1938
11. Total time (years) spent in this occupation 2

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

FATHER
13. NAME James Corbin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Amelia Mahew
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Mrs Addie Corbin Elk Creek Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Steeley Chapel DATE March 20 1938
19. UNDERTAKER (ADDRESS) Gaylord V. Elliott Cabool Mo
20. FILED 3-25 1938 R. P. Hubbard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18, 1938
22. I HEREBY CERTIFY, That I attended deceased from Mar 18, 1938, to Mar 18, 1938
I last saw him alive on Mar 18, 1938. Death is said to have occurred on the date stated above, at 11:45 P m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Hypertensive Heart disease
Date of onset
Other contributory causes of importance: 82 a 1
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) J. M. Dillman, M. D.
788 (Address) Houston, Mo.