

REC'D JUN 15 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County DallingerRegistration District No. 67Township ForakerPrimary Registration District No. 5702 CCity (No.)St. Ward

2. FULL NAME

(a) Residence, No. Sherman Marion Coby Ward. 700

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Euna C. Coby</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 6, 1889</u>		
7. AGE <u>48</u> YEARS	<u>5</u> MONTHS	<u>15</u> DAYS
If LESS than 1 day, ... hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
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) Dallinger Co. Mo.
(STATE OR COUNTRY)13. NAME Fred Coby14. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)15. MAIDEN NAME Olga Ann Parvett16. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)17. INFORMANT Euna C. Coby
(ADDRESS) Marble Hill, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mount Zion DATE Oct 16, 193719. UNDERTAKER Cady Funeral Home
(ADDRESS) Subsidiary of J. B. Graham20. FILED 5-18- 1938 Mrs. G. C. Landers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15 193722. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1937, to Oct 15, 1937.I last saw h. a. alive on Oct 12, 1937. Death is saidto have occurred on the date stated above, at 8:30 A.M.

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

Pulmonary T.B.C.
with effusion

Date of onset

Sept 31Other contributory causes of importance: 274Name of operation Chest Tapped Date of What test confirmed diagnosis? X-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? noIf so, specify (Signed) D. J. L. Shahaugh M. D.1/2 (Address) Graham, Mo.134 - Mrs. H. L. Reynolds

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.

