REC'D NOV 10 1938

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

Do not use this space.

1. PLACE OF DEATH
County Mercer — Registration District No. 556 — File No. 36287
Township Ravanna — Primary Registration District No. 5751 — Registered No. 45
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Lenny Winfield Corbin
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Geneva Corbin married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Geneva Corbin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 13. 1880
7. AGE: YEARS 58 — MONTHS 9 — DAYS 0 — 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): –
11. Total time (years) spent in this occupation: –

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Newtown Mo 0

FATHER
13. NAME: John Corbin 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill. 1

MOTHER
15. MAIDEN NAME: Sarah Montgomery
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

17. INFORMANT (ADDRESS): John Corbin Galt Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Judson Cemetery DATE Oct 15 1938
19. UNDERTAKER (ADDRESS): Judd & Payne Newtown Mo
20. FILED 10/15 1938 J M Perry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 13, 1938
22. I HEREBY CERTIFY, That I attended deceased from May 25, 1938, to Oct 13, 1938
I last saw ~~alive~~ Dead on Oct 13, 1938. Death is said to have occurred on the date stated above, at 1 P.M. About –
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sudden
Apoplexy	

Other contributory causes of importance:
Cerebral Thrombosis

Name of operation: None Date of .....
What test confirmed diagnosis? Unused 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) A W Widner M. D.
494 (Address) Newtown Mo
Approved by James H Dominick Coroner 10/14-31

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sh[illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very i[illegible]