

30 APR 21 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

10685

Do not use this space.

1. PLACE OF DEATH

(a) County Douglas
(b) Township Mad
(c) City Mad

Registration District No. 276
Primary Registration District No. 3389

Registered No. 3

(d) Street No. 140
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ETHEL IRENE COBLE

(a) Residence, No. 140 St. 140
(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 <u>F</u>	4. COLOR OR RACE <u>W</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>James R. Coble</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 8 - 1887</u>		
7. AGE YEARS <u>51</u>	MONTHS <u>4</u>	DAYS <u>14</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>		
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) Tampa

13. NAME Stephen W. (Douglas)

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

15. MAIDEN NAME Thelma Fitch

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

17. INFORMANT (ADDRESS) James R. Coble

18. BURIAL, CREMATION, OR REMOVAL PLACE James R. Coble DATE 12-28

19. FUNERAL DIRECTOR (NAME) (ADDRESS) George Stapp

20. FILED Mar 1, 1939 Trilbur Sims

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-21 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 5 - 1938, to Dec. 23 - 1938

I last saw him alive on Dec. 10 - 1938 Death is said

to have occurred on the date stated above, at 9:10 a. m.

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

Carcinoma spine

Date of onset

Other contributory causes of importance:

Name of operation

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

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) R. W. Flannery M. D.

(Address) Trilbur Sims

RECEIVED

District Health Officer No. 6,

District File Number 6-39-908

Date Filed APR 14 1939

STATEMENT BY LICENSED EMBALMER.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.