

REC'D MAY 16 1939

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

15123  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 404  
 (b) Township Washington Primary Registration District No. 5558 Registered No. 21  
 (c) City Zionsville (d) Street No. 2121 E 83 St.  
 (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

(a) Residence, No. 613 Louise Corbett 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 He 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Corbett  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4  
 7. AGE YEARS 89 MONTHS 7 DAYS 1 If LESS than 1 day, ..... hrs. or ..... min.

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

FATHER  
 13. NAME John Zinkon  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER  
 15. MAIDEN NAME Mary Hoopes  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Gless M. Corbett  
2121 E 83  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Miraflores DATE 5/7 1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ms. C. L. Foster  
918 Brooklyn  
 20. FILED 5-8- 1939 R. V. Linsley & Sons 366  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Oct. 7 1938, to May 5 1939  
 I last saw her alive on May 1 1939. Death is said to have occurred on the date stated above, at 4 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Arteriosclerosis  
Cerebral Hemorrhage Date of onset 6 days  
 Other contributory causes of importance: old age

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 Heart (Signed) G. L. Foster, M. D.  
807 E. 1st (Address)

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

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**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.**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

15-123

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 404  
 (b) Township Washington Primary Registration District No. 5538  
 (c) City Washington (d) Street No. 2121 E 81st Registered No. 21  
 (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 Louise Corbett

(a) Residence, No. 2121 E 83d St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5, 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Corbett

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1938 to May 5, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4, 1889

I last saw him alive on May 4, 1939 Death is said to have occurred on the date stated above, at 4 P m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 89 9 1

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

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

arterio Sclerosis  
Cerebral Hemorrhage

Date of onset 6/1/38

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

Other contributory causes of importance: Old age

FATHER 13. NAME John Zinkon

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

MOTHER 15. MAIDEN NAME Mary Hoover

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

17. INFORMANT (ADDRESS) Clarence J. Corbett  
2121 E 81st

18. BURIAL, CREMATION, OR REMOVAL PLACE Miraflores MO DATE 5/11/39

19. FUNERAL DIRECTOR (ADDRESS) Mrs S. L. Foster  
718 Brooklyn

20. FILED 6-7-39 Mr. J. S. Brennan Local Registrar.

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) George Jones, M. D.

(Address) 80 1/2 W. Passes

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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