

REC'D MAY 18 1938

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

Do not use this space.

15305

1. PLACE OF DEATH

County Safayette  
Township Clay  
City Adessa (No. 100)

Registration District No. 464  
Primary Registration District No. 4277

File No. \_\_\_\_\_  
Registered No. 21 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(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 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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21-1939

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

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

13. NAME Arthur Cobb

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co.

15. MAIDEN NAME Margaret Cowbank

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adessa Mo.

17. INFORMANT Arthur Cobb (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Adessa Cem. DATE 4/21 '39

19. UNDERTAKER Adessa & Sons (ADDRESS) Adessa Mo.

20. FILED 4-28-1939 Mr. E. M. Goodwin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/17/39

22. I HEREBY CERTIFY that I attended \_\_\_\_\_ deceased from \_\_\_\_\_ at date of death \_\_\_\_\_, 19\_\_\_\_  
I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_ Death is said to have occurred on the date stated above at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:

Stulpsia was dead 30 days before birth

Other contributory causes of importance:

Hydrocephalus of spine that died in cord-in-utero.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Autopsy 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? No

If so, specify \_\_\_\_\_ (Signed) R. C. Osvaldy, M. D.  
Osvaldy Registrar.

WHITE 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.

RECEIVED  
JAN 10 1939  
OFFICE OF THE  
DISTRICT ATTORNEY  
OFFICER NO. 8  
DISTRICT File Number  
Date Filed 5/2/39