

FILED FOR 18 1940

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

31924  
Do not use this space.

1. PLACE OF DEATH

(a) County Dunklin Registration District No. 283  
(b) Township Buffalo Primary Registration District No. 5402  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
(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 WILLIAM C. COBB

(a) Residence, No. R#1, CARDWELL 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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Julia Johnston  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-27-1885  
7. AGE YEARS 55 MONTHS 01 DAYS 13 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
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) Alabama

13. NAME no data

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no data

15. MAIDEN NAME no data

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no data

17. INFORMANT Mrs. W.C. Cobb  
(ADDRESS) R#1, Cardwell

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Pine Log Cem. DATE \_\_\_\_\_ 19\_\_\_\_

19. FUNERAL DIRECTOR (NAME) Farmers Union Assn  
(ADDRESS) Jonesboro, Ark.

20. FILED 9-24-40 W. H. H. H. H.  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10 40  
22. I HEREBY CERTIFY, That I attended deceased from unattended by a physician  
I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ Death is said to have occurred on the date stated above, at 10:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Date of onset May 10th  
Coronary Thrombosis  
Other contributory causes of importance over Exertion, High Blood Pressure  
Myocarditis

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 J. Gilmore, D.O.  
(Address) Edouard Dupuch, D.O.  
Harriet M.D.

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

District Health Officer No. 2

District File Number 1040-14

Date Filed 10/1/40

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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 conform with the above constitutes grounds for revocation of license.)**

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