

JUN 13 1935

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

Do not use this space.

16269

1. PLACE OF DEATH

County Henry Registration District No. 357
Township _____ Primary Registration District No. 4208
City Deepwater, Mo (No. _____) St. _____ Ward _____

2. FULL NAME Claude Cobb

(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4 - 1892

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
42 11 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer
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) Bentonville Mo (STATE OR COUNTRY)

FATHER 13. NAME C. C. Cobb

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

MOTHER 15. MAIDEN NAME Ada Hudson

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

17. INFORMANT Mrs. Claude Cobb (ADDRESS) Deepwater, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Calhoun Cem. DATE 5-12-35

19. UNDERTAKER Tom Stuart (ADDRESS) Deepwater, MO

20. FILED 6-10-35 J. Russell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9 - 1935

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1935 to May 9, 1935
I last saw him alive on May 8, 1935. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Pulmonary Tuberculosis
Date of onset unknown
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? Chaul Was there an autopsy? No

23. If death was due to external causes (violence); fill in also the following:
Accident, suicide, or homicide? No 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) J. Russell, M. D.
(Address) Deepwater, MO

WRITE 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.

JUL 8 1941

OCT 12 1941