

OCT 30 1938

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

Do not use this space.

30560

1. PLACE OF DEATH

County Monticau
Township Walden
City (No. _____) _____

Registration District No. 571
Primary Registration District No. 5769

File No. _____
Registered No. 47
St. _____ Ward _____

2. FULL NAME Doris Dean 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 Female 4. COLOR OR RACE W. 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) Jan 4 - 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
2 7 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

10. NAME OF FATHER Clifford Cobb

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Juba
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Bertha Rohrbach

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Monticau
(STATE OR COUNTRY)

14. INFORMANT Clifford Cobb
(Address) California, Mo.

15. FILE Sept 15, 30
Jacob Ketch
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9 - 14 - 30

17. I HEREBY CERTIFY That I attended deceased from 9 - 9 - 1930 to 9 - 14 - 1930 that I last saw her alive on 9 - 14 - 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

130 Dysentery
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) J. K. Peterson, M. D.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Flagg Spring Ca 9/15 1938

20. UNDERTAKER

ADDRESS

Hillman & Freedman California

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.

