

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

Do not use this space.

23191

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township *St. Louis Mo* Primary Registration District No. **1003**
 City *St. Louis Mo* (No. *1737² St. 9th*) St. Ward)

File No.
 Registered No. **6886**
 St. Ward)

2. FULL NAME

Ota Gobble
 (a) Residence. No. *1737² St. 9th* St., *76* 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) *Separated*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Jan 6 - 1896*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>31</i>	<i>6</i>	<i>22</i>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) *St. Louis Mo*
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER *Ota Fred Gobble*

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

12. MAIDEN NAME OF MOTHER *Frances E. Snow*

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

14. INFORMANT *Ota Fred Gobble*
 (Address) *1737² St. 9th*

15. FILED *7-29-1927* *Mrs. B. Starckoff*
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *July 28 1927*

17. I HEREBY CERTIFY, That I attended deceased from *April 11*, 19*27*, to *July 28*, 19*27*, that I last saw him alive on *July 27*, 19*27*, and that death occurred, on the date stated above, at *7:27 A.M.*

THE CAUSE OF DEATH,* WAS AS FOLLOWS:

Tuberculosis of Lungs

CONTRIBUTORY (SECONDARY)

31 (duration) *2* yrs. mos. ds.
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? *NO*. DATE OF

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *Microscopic*
 (Signed) *J. H. Allen*, M. D.

7-29-1927 (Address) *1216 Franklin*
 *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

St. Johns North *July 31 1927*

20. UNDERTAKER ADDRESS *1417*
By Leidner and Co. N. Market St.

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.

THIS IS A PERMANENT RECORD

1214 Franklin Ave