

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

Do not use this space.

19125

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No. **791**  
Primary Registration District No. **1002**  
(No. **2530 Baldwin**)

File No. ....  
Registered No. **5546**  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **2530 Baldwin** St. **20** Ward.

(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 <b>Male</b>	4. COLOR OR RACE <b>Colored</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Rachel Hobbs</b>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <b>12-23-1894</b>		
7. AGE YEARS <b>33</b>	MONTHS <b>4</b>	DAYS <b>25</b>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <b>laborer</b> (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) **Ala.**

10. NAME OF FATHER **Jesse Hobbs**

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

12. MAIDEN NAME OF MOTHER **Sarah King**

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

14. INFORMANT **Marcel Hobbs**  
(Address) **2530 Baldwin**

15. FILED **May 2** 19 **1928**  
**Mar C. Stanley** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **5-18-1928**

17. I HEREBY CERTIFY That I attended deceased from **5-17-1928** to **5-18-1928** that I last saw him alive on **5-18-1928**, and that death occurred, on the date stated above, at **20 m.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS: **57**  
**Double Lobar Pneumonia**  
**107 101A**  
**1948 exposure** (duration) yrs. mos. **9** ds.

CONTRIBUTORY (SECONDARY) **exposure** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH, **at place of death**

DID AN OPERATION PRECEDE DEATH? **no** DATE OF **7**

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **none**  
(Signed) **C. W. Johnson** M. D.  
**5-19-1928** (Address) **422 7th W. Wash**

\*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 **Washington Park** DATE OF BURIAL **5-24 1928**

20. UNDERTAKER **Lucille Loney 3129 Lucas** ADDRESS

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.

