

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

Do not use this space.

1596

1. PLACE OF DEATH

County Jackson
Township Raw
City Kansas City

Registration District No. 399

Primary Registration District No. 1002

File No. 187

Registered No. 187

St. 13 Ward 13

2. FULL NAME

Thomas Martin Lobach

(a) Residence. No. 3726 Webster St. 13 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Alice Lobach

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Dec. 4-1853

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

75

1

9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Woodworker

(b) General nature of industry, business, or establishment in which employed (or employer)

machinist

(c) Name of employer

For Paine

9. BIRTHPLACE (CITY OR TOWN)

For Paine

(STATE OR COUNTRY)

Rockford, Ill.

10. NAME OF FATHER

Thomas M. Lobach

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

N. Carolina

12. MAIDEN NAME OF MOTHER

Ann Ely. Snow

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

N. Carolina

14.

INFORMANT

(Address)

E. S. Lobach

721-W. 44

15.

FILED

1-14-29

M. J. Paine
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Jan. 13 1929

17.

I HEREBY CERTIFY That I attended deceased from Jan 13 1929 to Jan 13 1929

that I last saw him alive on Jan 13 1929 and that death occurred, on the date stated above, at 5:10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Alvin Lamborn M. D.

1/13 1929 (Address) 331 Myrtle St.

*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

Mt. Moriah

DATE OF BURIAL

1-14 1929

20. UNDERTAKER

Whitney Sons Kansas City Mo

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

