JUN 25 1929

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

Do not use this space.

17839

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No. 17839
Township — Primary Registration District No. 2001 — Registered No. 404
City Springfield (No. 2047 N. Benton St. Ward)

2. FULL NAME Sarah Jane Hobson
(a) Residence. No. 2047 N. Benton 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: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elisha M. Hobson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 4 - 1856

7. AGE: Years 72 | Months 9 | Days 18 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at Home
(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): Mo

PARENTS
10. NAME OF FATHER: Hardy Shoemate
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: — Seeley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Mae Hobson
(Address) Springfield Mo.

15. FILED 5-23, 1929. Lou Sharp, REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 22 1929

17. I HEREBY CERTIFY, That I attended deceased from July, 1928, to May 22, 1929 that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 9:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Rectum
45 (duration) 1 yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Senility
(duration) ... yrs. mos. ds.

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) C. E. Teller, M. D.
5-23, 1929 (Address) Springfield Mo

*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: East Lawn Cemetery — DATE OF BURIAL: May 23, 1929

20. UNDERTAKER: J. W. Klingner & Co. — ADDRESS: 424 E. Coml St. Springfield 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.