

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

Do not use this space.

29389

**1. PLACE OF DEATH**

County..... Registration District No. 407  
 Township..... Primary Registration District No. 1003  
 City St. Louis Mo. (No. City) Sanitarium St. .... Ward)

File No. ....  
 Registered No. 8546  
 St. .... Ward)

**2. FULL NAME**

Irving Hobson  
 (a) Residence. No. 3708 Rutger 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 5 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 30, 1898

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|--------|-------|--------|------|----------------------------------|
|        | 31    | 3      | 22   |                                  |

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Solicitor  
 (b) General nature of industry, business, or establishment in which employed (or employer) Unknown  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Stanton  
 (STATE OR COUNTRY) Illinois

10. NAME OF FATHER John M. Hobson

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

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pilot Knob  
 (STATE OR COUNTRY) Missouri

14. INFORMANT O. H. Egan  
 (Address) 5400 General St. St. Louis Mo

15. FILED May 2 1929 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-21-1929

17. I HEREBY CERTIFY, That I attended deceased from 6-11, 1929, to 8-21, 1929, that I last saw him alive on 8-27, 1929, and that death occurred, on the date stated above, at 7:40 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

General paralysis of the insane  
 (duration) 10 yrs. 12 mos. 7 ds.

CONTRIBUTORY (SECONDARY) 76  
 (duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED unknown  
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Chin  
 (Signed) O. H. Egan M. D.

8-21, 1929 (Address) 5400 General St. St. Louis 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 Desoto Mo DATE OF BURIAL 8-24 1929

20. UNDERTAKER Richard - Motherhead ADDRESS Desoto 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.

WRITE IN FULL, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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