

21 1930

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

Do not use this space.

1711

1. PLACE OF DEATH

County Linn
Township North
City Higginsville (No.)

Registration District No. H60
Primary Registration District No. H274

File No.
Registered No. 461 St. Ward)

2. FULL NAME

Ethel Hilda Dobson

(a) Residence. No. 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

2. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 11 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 37 9 15

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Linn Co Mo
(STATE OR COUNTRY)

10. NAME OF FATHER John Dobson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Linn Co Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Mack

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Linn Co Missouri
(STATE OR COUNTRY)

PARENTS

14. INFORMANT Mrs. F. A. Foulke
(Address) Higginsville Mo

15. FILED 1-30 1930 Dessie P. R. Ste
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 5 1930

17. HEREBY CERTIFY That I attended deceased from Jan. 2 - 1930 to Jan 5 - 1930 that I last saw h. v. alive on Jan 5 1930, and that death occurred, on the date stated above, at 12:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uraemia
132 B
87 B / 290 (duration) few hours
CONTRIBUTORY a moron
(SECONDARY) (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?

(Signed) W. A. Braecklein, M. D.

1-6-1930 (Address) Higginsville, 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 City Cemetery DATE OF BURIAL Jan 7 1930

20. UNDERTAKER W. A. Braecklein ADDRESS Higginsville Mo

X. R.—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 PLAINLY, WITH UNFADING INK—THIS IS IMPORTANT

