

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.

APR 23 1930

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

Do not use this space.

7895

1. PLACE OF DEATH
 County Caldwell Registration District No. 94
 Township _____ Primary Registration District No. 4056
 City Buckneridge (No. _____) St. _____ Ward _____
 2. FULL NAME Elisha Hobbs
 (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 20 yrs. 20 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 8
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ellen Hobbs</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept. 30th 1852</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>5</u>
	DAYS <u>15</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Retired Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		
9. BIRTHPLACE (CITY OR TOWN) <u>Davis Co mo.</u> (STATE OR COUNTRY)		
PARENTS	10. NAME OF FATHER <u>Wm Hobbs</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Don't know</u> (STATE OR COUNTRY)	
	12. MAIDEN NAME OF MOTHER <u>Channy Gibson</u>	
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Don't know</u> (STATE OR COUNTRY)		
14. INFORMANT <u>Wm Hobbs</u> (Address) <u>Buckneridge mo</u>		
15. FILED <u>Mar 18 1930</u> <u>E. O. Thompson</u> REGISTRAR		

2 MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from June 14, 1928, to Mar 15, 1930 that I last saw him alive on Mar 15, 1930, and that death occurred, on the date stated above, at 4:10 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Apoplexy 82A
17401
123D
 (duration) yrs. 2 mos. ds.
 CONTRIBUTORY Intestinal paralysis
 (SECONDARY)
 (duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH Place of death
 DID AN OPERATION PRECEDE DEATH? N.O. DATE OF _____
 WAS THERE AN AUTOPSY? N.O.
 WHAT TEST CONFIRMED DIAGNOSIS Clinical findings
 (Signed) E. O. Thompson M. D.
3-18 1930 (Address) Buckneridge 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 Lickfork Cemetery DATE OF BURIAL Mar 18 1930

20. UNDERTAKER J. M. Beck ADDRESS Buckneridge mo

