

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

Do not use this space.

12066

1. PLACE OF DEATH
 County Calinton Registration District No. 206
 Township Lathrop Primary Registration District No. 4174
 City Lathrop (No.) St. Ward)

2. FULL NAME Manson Lobb
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Mrs. Emma Lobb

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 5 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 4 7

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

MEDICAL CERTIFICATE OF DEATH

3
 16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-12 1930
 17. I HEREBY CERTIFY, That I attended deceased from Apr 8, 1930, to Apr 12, 1930
 that I last saw him alive on Apr 12, 1930, and that death occurred, on the date stated above, at 11:55 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paresis paralytic branch of pneumogastric nerve resulting in pulmonary oedema.
82A
111B
57B CONTRIBUTORY Cerebral hemorrhage
 (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 76
 IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. T. Kinsey (Address) Lathrop 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.

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

10. NAME OF FATHER Jacquin A. Lobb

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

12. MAIDEN NAME OF MOTHER Mary Ellen Yeager

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky
 (STATE OR COUNTRY)

14. INFORMANT J. K. Lobb
 (Address) Lathrop Mo

15. FILED 4-13-30 1930 J. T. Kinsey REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lobb Cemetery Blue Springs DATE OF BURIAL 4-15 1930

20. UNDERTAKER Le Moss Crems Mo. ADDRESS Lathrop 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.

1930

