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

Do not use this space.

18950

1. PLACE OF DEATH
County Clay — Registration District No. 201 — File No.
Township Liberty — Primary Registration District No. 3012 — Registered No. 70
City Liberty (No. ..... St. ..... Ward)

2. FULL NAME Elizabeth Caroline Hobson
(a) Residence. No. Nashua Mo St. ..... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 10 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): widowed.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 12-1854.

7. AGE: YEARS 75 — MONTHS 11 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

PARENTS
10. NAME OF FATHER: Abner Oglesby
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): ✓

14. INFORMANT: Geo. A. Hobson
(Address) North Kansas City Mo

15. FILED 7/10/30 W. H. Goodson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 30 1930

17. I HEREBY CERTIFY, That I attended deceased from saw her about any 8 months, 19..., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paralysis, the result of high blood pressure, an old arthritic 10 L
82 D (duration) 5 yrs. — mos. ..... ds.
CONTRIBUTORY (SECONDARY) 11 L
75 B (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? ..... DATE OF ..... m
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) R. E. Swiss, M. D.
7/1/, 1930 (Address) Liberty 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: Mt Washington K.C. Mo — DATE OF BURIAL: 7/3/ 1930

20. UNDERTAKER: Church-Archer Co — ADDRESS: Liberty Mo.

WRITE PLAINLY, ... ADING IN ... THIS IS A PERMANENT RECORD

N. B.—Every item ... tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH ... erms, so that it may be properly classified. Exact statement of OCCUPATION is very important.