

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

Do not use this space.

23088
3082

1. PLACE OF DEATH

County Jackson
Township New
City Kansas

Registration District No. 309
Primary Registration District No. 15A

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

2. FULL NAME

(a) Residence. No. Waldron Mo. St., _____ Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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

Mr. Clara Bell Hobbs

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

Dec 16 1874

7. AGE

YEARS

46

MONTHS

7

DAYS

5

If LESS than 1 day, _____ hr. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Frogge Lumber Co
of St. Joe Mo.

(b) General nature of industry, business, or establishment in which employed (or employer).

laborer in timber
and River Lumber
work

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Indiana

10. NAME OF FATHER

John Hobbs

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Virginia

12. MAIDEN NAME OF MOTHER

Hannah Perdue

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14. INFORMANT

(Address)

Clara B. Hobbs
Waldron Mo.

15. FILED

7/26 1930

M. M. Crowe

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

Friday
16. DATE OF DEATH (MONTH, DAY AND YEAR) July 25 1930

17. I HEREBY CERTIFY, That I attended deceased from _____
_____ 19____, to _____ 19____
that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ 3 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Accidental fract skull
194 B

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Free fall on pine
while chopping a tree
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IS NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Stanley M. Hall M. D.

7/16, 1930 (Address) Deputy Coroner

*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

DATE OF BURIAL

Parkville Mo. July 26 1930

20. UNDERTAKER

ADDRESS

Noland Underk, 1800 Linwood
Parkville 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.

