

OCT 29 1930

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

Do not use this space.

30279

1. PLACE OF DEATH

County Jasper Registration District No. 411
Township Joplin Primary Registration District No. 2000
City Joplin, Mo. (No.) St. Ward

File No.
Registered No.

2. FULL NAME

Master Dewey Eugene Hobbs
(a) Residence. No. St. Johns Hosp. 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

3. SEX Male 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Mar.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 5 - 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 5 24

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Anderson,
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Arthur Hobbs

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Joplin,
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Mabel Keeling

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

14. INFORMANT R. C. Anderson
(Address) Wichita, Kas

15. FILED 7-29-1930 Anderson Clark
REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 29 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept. 29, 1930 to Sept. 28, 1930 that I last saw him alive on Sept. 28, 1930, and that death occurred, on the date stated above, at 2 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Selvia Politis
119B (duration) yrs. mos. ds. 10
CONTRIBUTORY (SECONDARY) 113B (duration) yrs. mos. ds. 4

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

9 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Edmund Hoody, M.D.
9/29, 1930 (Address) Joplin 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 New Bethel Church DATE OF BURIAL Sept 29 30

20. UNDERTAKER Frank-Sears & Co. ADDRESS Joplin 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.

THIS IS A PERMANENT RECORD

