

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

Do not use this space.

39854

**PLACE OF DEATH**

County Jasper  
Township Jasper  
City Asbury Mo. (No. \_\_\_\_\_)

Registration District No. 418  
Primary Registration District No. 5572

File No. 2  
Registered No. 135  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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. 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 married  
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF J. W. Hobbs  
(OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 21, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
70      10      13

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

9. BIRTHPLACE (CITY OR TOWN) Iowa  
(STATE OR COUNTRY)

10. NAME OF FATHER J. W. Morrison

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

12. MAIDEN NAME OF MOTHER Ediza Ann Lanning 2-15-1936 (Address) Asbury Mo

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

14. INFORMANT J. W. Hobbs  
(Address) Asbury Mo.

15. FILED Dec 15, 1930 M. H. Coley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 13 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 12 1930 to Dec 13 1930  
that I last saw him alive on Dec 12 1930, and that death occurred, on the date stated above, at 12-12-30 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
apoplexy  
ran

(duration) yrs. mos. ds. 6

CONTRIBUTORY (SECONDARY) 7400  
(duration) yrs. mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) D. A. Carls M. D.

\*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 Purcell DATE OF BURIAL \_\_\_\_\_

20. UNDERTAKER Steel Und. Co ADDRESS Wab City 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.

NOV 20 1930

