CERTIFICATE OF DEATH

5294

1. PLACE OF DEATH

County Henry Co. Mo. Registration District No. 857 File No.

Township Fairview Primary Registration District No. 5492 Registered No. 2

City Deepwater Mo. (No. St. Ward)

2. FULL NAME Kate Mathews Hobbs

(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. 2 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 Geo. W. Hobbs

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 5, 1865

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
65	9	26	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife 235

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) [illegible] Mo. 1

(STATE OR COUNTRY) Handcock Co. Mo.

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) 51

(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

14. INFORMANT Mrs Grace Frizzell

(Address) Deepwater Mo.

15. FILED 2/3 1931 J. J. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 1, 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1931, to Feby 1, 1931

that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 12:35 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Incompetency

92A

132 R (duration) yrs. 7 mos. ds.

CONTRIBUTORY (SECONDARY) Nephritis

(duration) yrs. 1 mos. ds.

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

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. C. Botts M.D.

2/3, 1931 (Address) Brownington 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: Lowry City Cemetery

DATE OF BURIAL: 2/2/1931

20. UNDERTAKER: H. C. Austin

ADDRESS: Lowry 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.