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.

APR 20 1931

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

Do not use this space.

8676

1. PLACE OF DEATH
County Andrew Registration District No. 15
Township ~~Empire~~ Platte Primary Registration District No. 5019
City ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. 6

2. FULL NAME Permeldia Elva Dobbs
(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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF William
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14 - 1850
7. AGE YEARS 81 MONTHS – DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 335
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boston Ohio

FATHER
13. NAME Johnathan Spoon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

MOTHER
15. MAIDEN NAME Mary Jane Lucus
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hiland Co Ohio

17. INFORMANT (ADDRESS) Elvin Spoon Whitesville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Savannah DATE 3-25- 1931

19. UNDERTAKER (ADDRESS) E. L. Breit Savannah Mo

20. FILED March 25, 1931 E. Jefferies Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 23 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1931, to March 23, 1931
I last saw her alive on Mar 23, 1931 Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Bronchial	
1078	

Other contributory causes of importance 1078 (1)

Name of operation None Date of .....
What test confirmed diagnosis? Inspection Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
.....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) W R Nelson, M. D.
(Address) Roanoke Mo