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

Do not use this space.

5775

1. PLACE OF DEATH

County Ralls — Registration District No. 930 — File No.

Township Saline — Primary Registration District No. 5962 — Registered No.

City ..... (No. ..... St. ..... Ward)

87

2. FULL NAME Serepta Harriet Hobson

(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 5 yrs. 6 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 13 1867

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work General House Work

(b) General nature of industry, business, or establishment in which employed (or employer) 2 3 4

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 2

PARENTS

10. NAME OF FATHER F.C.Swales

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

12. MAIDEN NAME OF MOTHER Emma Brown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Canada 5

14. INFORMANT C.E. Hobson
(Address) Monroe City Mo R.F.D. 2

15. FILED Feb 11, 1932 J. E. Floyd REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 8 — 1932

17. I HEREBY CERTIFY, That I attended deceased from August 10, 1931, to Feb 8 — 1932 that I last saw her alive on Dec 18, 1931, and that death occurred, on the date stated above, at 12 20 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septic myocarditis

131
93A

(duration) not Known yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial nephritis

(duration) not Known yrs. mos. ds.

131

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

DID AN OPERATION PRECEDE DEATH? NO. DATE OF

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) P. J. Reichmann, M. D

Feb 8, 1932 (Address) Oakwood 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	DATE OF BURIAL
Rome Iowa	Feb 11 1932
20. UNDERTAKER	ADDRESS
Wilson & Son Monroe City	Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

MAR 24 1932