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.

APR 23 1932

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

Do not use this space.

1. PLACE OF DEATH
10 County Boone — Registration District No. 73 — File No. 7371
3 Township — Primary Registration District No. 3006 — Registered No. 54
8 City Columbia (No. ..... St. ..... Ward)

2. FULL NAME Jeremiah Glenn Bobb

(a) Residence, No. 812 St. Virginia Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 12/1854

7. AGE: YEARS 77 — MONTHS 2 — DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bonds Salesman
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) South Carolina

FATHER
13. NAME Robt Frank Bobb
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina

MOTHER
15. MAIDEN NAME Altalena Cooper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina

17. INFORMANT (ADDRESS) Mrs. Pearl Beachamp Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL Columbia Cola
PLACE Columbia City DATE 3/13 - 1932

19. UNDERTAKER (ADDRESS) Tom M. Hardy Columbia Mo.

20. FILED 3/12/ 1932 Allie Selby Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 1930, to March 11, 1932
I last saw him alive on March 10, 1932 Death is said to have occurred on the date stated above, at 1050 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis — Date of onset
B2B
97 82 B

Other contributory causes of importance:
Arterio-Sclerosis
(1)

Name of operation None Date of .....
What test confirmed diagnosis? Exam Was there an autopsy? N

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? .....
If so, specify .....
(Signed) E. D. Barkett, M. D.
(Address) Columbia, Mo.