

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 23 1932

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

Do not use this space.

32145

1. PLACE OF DEATH

48-58 County Jackson Registration District No. 3980 File No. _____
 Township Independence Primary Registration District No. 309 Registered No. 308
 City Independence No. 76 St. _____ Ward _____

2. FULL NAME

Mrs. V. C. Dobson
 (a) Residence, No. 826 Arlington St., _____ Ward. _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Vernon Dobson OR WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31-1887
 7. AGE YEARS 45 MONTHS 2 DAYS 12 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. none 235
 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) Colorado

MOTHER FATHER 13. NAME Joseph W. Phillips

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

MOTHER 15. MAIDEN NAME Oliver Penney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

17. INFORMANT Vernon Dobson (ADDRESS) 826 Arlington

18. BURIAL, CREMATION, OR REMOVAL PLACE Mountain Grove DATE Oct. 15 1932

19. UNDERTAKER Mrs. C. L. Foster (ADDRESS) 918 Broadway, Ave.

20. FILED Oct. 15 1932 J. C. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-13-1932

22. I HEREBY CERTIFY, that I attended deceased from September 1932 to October 13, 1932
 I last saw her alive on October 7, 1932 Death is said to have occurred on the date stated above, at 3:40 a.m.
 The principal cause of death and related causes of importance were as follows:

Left Lobar Pneumonia Date of onset 10/9/32
108

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Chas. H. Sapske M. D.
 (Address) Independence, Mo.

~~Friday~~
Dr. Chas F. Grabske

F. M. Bank - In. 5600
6100

Oct. 14 - 2-5.30