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.

NOV 25 1932

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

Do [illegible] this space.

32817 ~~32818~~ 32817

1. PLACE OF DEATH

58 County Linn — Registration District No. 496 — File No. 32817

4 Township Laclede — Primary Registration District No. 3025 — Registered No. ~~94~~ 14

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

3 2. FULL NAME Leona May Hobbs

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

Length of residence in city or town where death occurred yrs. 4 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): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 10 1905

7. AGE: YEARS 27 — MONTHS 2 — 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. 235
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
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): Near Rothville Mo

FATHER

13. NAME: Jas Stanley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Near Rothville Mo

MOTHER

15. MAIDEN NAME: Leila May Collier
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Near Brookfield Mo

17. INFORMANT (ADDRESS): Jas Stanley Forker Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rothville Mo DATE Oct 21 1932

19. UNDERTAKER (ADDRESS): Jas M Laughlin Marceline Mo

20. FILED 10/20 1932 J W Burke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1932, to Oct 19, 1932

I last saw her alive on Oct 19, 1932. Death is said to have occurred on the date stated above, at 3:35 P m.

The principal cause of death and related causes of importance were as follows:

Confinement — Date of onset: Aug 2 32

23 (1)

1498

Other contributory causes of importance: Tuberculous pleurisy with effusion (Left). — Unknown

Name of operation: None — Date of —

What test confirmed diagnosis? Clinical — 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) J Lane Evans, M. D.

(Address) Brookfield, Mo.