

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.

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

Do not use this space.

1. PLACE OF DEATH
12. County Butler Registration District No. 92 File No. 424
Township Ash Hill Primary Registration District No. 5134B Registered No. _____
City Qulin (No. _____, _____ St. _____ Ward) _____
2. FULL NAME J. P. Mobley
(a) Residence, No. Qulin, Mo. Gen. Del. St. Ward. _____
(Usual place of abode) _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 18 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 Lodosky Mobley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21, 1857
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 75 8 28
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
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) Ill.
13. NAME James Mobley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
15. MAIDEN NAME Francis Thompson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
17. INFORMANT Ed Mobley
(ADDRESS) Qulin, Mo. General Delivery
18. BURIAL, CREMATION, OR REMOVAL
PLACE Qulin DATE Jan. 20, 1933
19. UNDERTAKER Greer Undertaking Co.
(ADDRESS) Poplar Bluff, Mo.
20. FILED Jan 20 1933 Scott Cook
Registrar

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 19, 1933
22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1932 to Jan 19, 1933
I last saw him alive on Jan 1, 1933 Death is said to have occurred on the date stated above, at 4:09 P.M.
The principal cause of death and related causes of importance were as follows:
chronic gastritis Date of onset Oct 1186
118
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? _____
If so, specify _____
(Signed) Scott Cook, M. D.
(Address) Qulin Mo.

