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.

1776

1. PLACE OF DEATH
County JACKSON — Registration District No. 399 — File No.
Township KAW — Primary Registration District No. 1007 — Registered No. 506
City KANSAS CITY (No. 215-WEST-ARMOUR BLVD: 2ND FLOOR WEST Ward)

2. FULL NAME MRS. LOU DICKEY DOBYNS
(a) Residence, No. 215-WEST ARMOUR BLVD Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 35 yrs. 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): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF JAMES F. DOBYNS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL-7-1856

7. AGE: YEARS 76 — MONTHS 9 — DAYS 23 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE
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) MISSOURI

FATHER
13. NAME DAVID J. MURRAY
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY

MOTHER
15. MAIDEN NAME MARY E. BRADLEY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

17. INFORMANT MISS RACHAEL DOBYNS (ADDRESS) 215-WEST-ARMOUR BLVD.

18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE FEBRUARY 1, 1933

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) 2111-EAST-9TH ST.

20. FILED Jan 31, 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JANUARY-30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1932 to Jany 30, 1933
I last saw her alive on Jany 30, 1933 Death is said to have occurred on the date stated above, at 2:10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach & metastases to liver	1932
46B	
41	
46B	
189	
Stomachus	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? X Ray 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) Harry L. Jones, M. D.
(Address) Kansas City, Mo.

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