

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

Do not use this space.

8246

1. PLACE OF DEATH

County Johnson Registration District No. 427
Township Jackson Primary Registration District No. 5592
City No. St. Ward

File No.
Registered No.

2. FULL NAME

Millard Hobbs
(a) Residence, No. St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred 21 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 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 Alberta Hobbs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 8-1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 1 15

OCCUPATION 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) Illinois

MOTHER FATHER 13. NAME David K. Hobbs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perryville

15. MAIDEN NAME Francis Greator

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jacksonville

17. INFORMANT (ADDRESS) Mrs Millard Hobbs Holden Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bluff Springs Cemetery DATE Feb 26 1933

19. UNDERTAKER (ADDRESS) N. Goodman Holden Mo.

20. FILED Feb. 26 1933 Edmond Anderson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 12 1933 to Feb 24, 1933

I last saw him alive on Feb 22, 1933. Death is said to have occurred on the date stated above, at 4:15 P.M.

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

1933
Lobar Pneumonia
Date of onset

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) D. A. Murray, M. D.

(Address) Holden, Mo.

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.

L. V. A. Moore