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.

15041

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 3566

City St. Louis, (No. Mo Baptist Hospital St. ..... Ward)

2. FULL NAME Joseph S. Dobyns

(a) Residence, No. Kings-Way Hotel St. Ward 12
(Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ——

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 13-1854

7. AGE YEARS 78. MONTHS 5 DAYS 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer.

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) St. Louis, Mo

FATHER

13. NAME Edward Dobyns

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

MOTHER

15. MAIDEN NAME Elizabeth Sumerall

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

17. INFORMANT (ADDRESS) Thos A. Buckland Hamilton Hotel.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem. DATE April 19, 1933

19. UNDERTAKER (ADDRESS) C. R. Tupton & Sons. 4449 Olive Street

20. FILED APR 19 1933 19 Max C. Starkey Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1932, to Apr 18, 1933

I last saw him alive on Apr 17, 1933. Death is said to have occurred on the date stated above, at 12 55 a.m.

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

	Date of onset
736 arteriosclerosis	
97	
102	

97

Other contributory causes of importance: age

Name of operation — Date of .....

What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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 5 yrs ago Epithelioma hip removed

(Signed) Louis H. Behrens, M. D.

(Address) 102 no Broadway St Louis Mo

St. Regis Apts.
7 P.M.