

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

Do not use this space.

17151

File No. _____
Registered No. 165 _____
St. _____ Ward _____

1. PLACE OF DEATH

54 County Marion Registration District No. 577
1 Township Mason Primary Registration District No. 3929
8 City Hannibal (No. C. B. & 2 R. R. Yards)

2. FULL NAME

(a) Residence, No. Don't know St. _____ Ward _____
(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. Probably Hayti, Mo.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Don't know
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
7. AGE YEARS 33 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
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) Unknown

13. NAME Peter Mobley

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Peter Mobley (ADDRESS) Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Robinson Cem. DATE May 27 1933

19. UNDERTAKER Ray P. Schwartz (ADDRESS) Hannibal, Mo.

20. FILED May 17, 1933 W. A. Lewis Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him _____ alive on _____, 19____. Death is said to have occurred _____ of the date stated above, at 1:30 P.M.

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

Accidentally killed by C. B. & 2 R. R. Train
7:07 AM
Other contributory causes of importance: 207

Date of onset 24th

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury May 24 19 33

Where did injury occur? Hannibal, Marion County, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Burlington Railroad Yards - not employee
Manner of injury struck dead by railroad track
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Carl E. Schwartz
(Address) Hannibal, Mo. Marion County, Mo.

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.

1933

MOTHER FATHER

MOTHER

FATHER

OCCUPATION

