

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

Do not use this space.

19604

1. PLACE OF DEATH **JACKSON**
 County.....
 Township **BLUE**
 City **INDEPENDENCE** (No. **24th. & UNION STS.**)
 Registration District No. **298**
 Primary Registration District No. **5554**
 File No.
 Registered No. **192**
 St. Ward)

2. FULL NAME **RONALD DEAN DOBSON**
 (a) Residence, No. **24th & UNION STS.** St., Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred **0** yrs. **2** mos. **14** 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) **INFANT**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **4 - 11 - 1933**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 2 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **XXXXXXXXXX 15**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **XXXXXXXXXX 10**
 10. Date deceased last worked at this occupation (month and year) **XXXXXXXXXX**
 11. Total time (years) spent in this occupation **XXXXXXXXXX**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **KANSAS CITY MO.**

FATHER
 13. NAME **JOSEPH A. DOBSON**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **SOURIS N. D.**

MOTHER
 15. MAIDEN NAME **CATHERINE HATCH**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **SARANAC LAKE N. Y.**

17. INFORMANT **JOSEPH A. DOBSON**
 (ADDRESS) **24TH & UNION STS.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **MOUND GROVE** DATE **6-27-1933**

19. UNDERTAKER **STAHL'S FUNERAL HOME**
 (ADDRESS) **815 W. MAPLE AVE. INDEP. MO.**

20. FILED **June 26, 1933** **J. L. Cook** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6-25-1933**, 19
 22. I HEREBY CERTIFY, That I attended deceased from **June 11**, 19**33**, to **June 25**, 19**33**
 I last saw him alive on **June 24**, 19**33** Death is said to have occurred on the date stated above, at **10 a.** m.
 The principal cause of death and related causes of importance were as follows:

3 - Eye infestation 6-18-33
Stage - Bilateral
atrophy of eyes 15
thrombotic infarctus 6-20-33
left leg -

Date of onset

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) **Dr. E. H. ...** M. D.
 (Address) **...**

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.

JUN 22 1933

1933

