

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

Do not use this space.

**25922**

**1. PLACE OF DEATH**

County Christian  
Township St. Louis No. 2  
City St. Louis (No. ....) St. .... Ward)

Registration District No. 177  
Primary Registration District No. 5245

File No. 26  
Registered No. 58

**2. FULL NAME**

(a) Residence, No. .... 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.

**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) Sept 4 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
11 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none  
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. P. I.

13. NAME Patric Dobbyn

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

15. MAIDEN NAME Mary Wardell

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

17. INFORMANT (ADDRESS) Pat Dobbyn

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Charles DATE 8-28-33

19. UNDERTAKER (ADDRESS) W. J. ...

20. FILED Aug 27 1933 R.P. ... Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27 1933

22. I HEREBY CERTIFY That I attended deceased from Aug 26 1933 to Aug 27 1933  
I last saw him alive on Aug 28 1933 Death is said to have occurred on the date stated above, at 8:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Drunk's Enteries  
1117 1190  
Other contributory causes of importance: \_\_\_\_\_  
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) R.P. ... M. D.  
(Address) .....

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. SEP 26 1933

2000-01-01