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.

OCT 20 1933

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

Do not use this space.

28662

1. PLACE OF DEATH

1 County Adair — Registration District No. 4 — File No.

2 Township — Primary Registration District No. 3001 — Registered No. 167

City Kirksville (No. ..... St. ..... Ward)

7 2. FULL NAME Robert A. Hogbin

(a) Residence, No. ..... St., ... Ward. Kansas City Mo
(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 M

4. COLOR OR RACE wh

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word). Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary L. Hogbin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12 1877

7. AGE YEARS 56 MONTHS 6 DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Highway Construction

10. Date deceased last worked at this occupation (month and year) 21 Sept 1933

11. Total time (years) spent in this occupation 20 years

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eskridge Kan

FATHER

13. NAME Abraham O. Hogbin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N J

MOTHER

15. MAIDEN NAME Sarah R. Harris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Millville Mo

17. INFORMANT (ADDRESS) Mr E Hogbin

18. BURIAL, CREMATION, OR REMOVAL

PLACE Topeka Kan DATE Sept 30 1933

19. UNDERTAKER (ADDRESS) Summers Son Kirksville Mo

20. FILED Sept 24, 1933 Mrs C H Becker Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 28 Sept, 1933

22. I HEREBY CERTIFY, That I attended deceased from 21 Sept, 1933, to 28 Sept, 1933

I last saw him alive on 28 Sept, 1933 Death is said to have occurred on the date stated above, at 1 05 P m.

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

	Date of onset
Hemorrhage	28 Sept
117A	
103B 117a	
Other contributory causes of importance: Lastric ulcer	July 1933

Name of operation none Date of

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

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? no

If so, specify .....

(Signed) E S Smith, M. D.

(Address) Kirksville Mo