

SEP 15 1934

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

Do not use this space.

1. PLACE OF DEATH

County Douglas Registration District No. 272 File No. 23942
Township Benton Primary Registration District No. 5379 Registered No. 25
City Ava, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Laura Jane Dobyns

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 6 yrs. 7 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow of E.D. Dobyns
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5, 1949
7. AGE YEARS 84 MONTHS 8 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. house wife of farmer 82
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farmer 89
10. Date deceased last worked at this occupation (month and year) July 13, 1934 11. Total time (years) spent in this occupation all

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cumberland, Indiana

13. NAME Frank Carr

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

15. MAIDEN NAME Malinda Fish

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

17. INFORMANT V.A. Dobyns
(ADDRESS) V.A. Dobyns, Ava, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Hall Cemetery - 15-34
Douglas, Mo. DATE _____ 19____

19. UNDERTAKER C.W. Chickering
(ADDRESS) Ava, Mo.

20. FILED 8-28 1934 Henry Burke
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-14 1934

22. I HEREBY CERTIFY, That I attended deceased from July 12 1934 to July 13 1934
last saw her alive on July 13 1934. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

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

Paralysis
Hemiplegia
Other contributory causes of importance:
gout

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) J.P. Ferguson M. D.
(Address) Ava, 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.

37
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31

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25

Douglas

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Laura Jane Dobyns
Who died at _____ on July 14 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 84 Months 8 Days 9

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year MO

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Cerebral Hemorrhage of 2nd

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? /

If so, specify _____

Name of physician _____

Address of physician Goa Dr. K. W. ...

Signature of Registrar

Date filed

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 272

Very truly yours,

E. T. McGaugh

Primary Reg. Dist. No. 5379

Special Agent.

