Fed Cit. AUG 23 1935

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

Do not use this space. 25157-4

1. PLACE OF DEATH
County Jefferson
Township ~~Valle~~
City DeSoto (No. ..... St. ..... Ward)
Registration District No. 420
Primary Registration District No. 3022
File No. .....
Registered No. ~~54~~ 58

2. FULL NAME Carl Joseph Dobbert
(a) Residence, No. 1212 N 2nd 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. 1 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 W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Bob J.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19-1934
7. AGE YEARS MONTHS 1 DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. —
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) DeSoto Mo.

FATHER
13. NAME Frank Dobbert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeSoto Mo

MOTHER
15. MAIDEN NAME Anna Fisher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT (ADDRESS) Frank Dobbert DeSoto Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE DeSoto DATE July 21-34
19. UNDERTAKER (ADDRESS) Richardson & Mothershed DeSoto Mo
20. FILED 7/21 1934 Hel. Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19 1934
22. I HEREBY CERTIFY, That I attended deceased from 7-14 1934 to 7-19 1934
I last saw him alive on 7-19 1934 Death is said to have occurred on the date stated above, at 3:40 P.m.
The principal cause of death and related causes of importance were as follows:
Diarrhea & Enteritis — Date of onset 7/1/34
119 B 119 B

Other contributory causes of importance:
—

Name of operation None Date of .....
What test confirmed diagnosis? Physical 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) Chas E. Tullet, M. D.
(Address) DeSoto Mo

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.

100M-11-24-33