

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

Do not use this space.

41998

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
 Township..... Primary Registration District No. 1001  
 City St. Joseph, Mo. (No. 2231 1/2) South 8th. St. St. .... Ward)

File No. ....  
 Registered No. 1325

**2. FULL NAME** David Edward Mobley

(a) Residence, No. 2231 1/2 S. 8th. St. St. .... Ward. ....  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 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) Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (Name) Agatha Mobley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 1, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
55 10 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Log-Hauler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Letts Box Co.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Illinois

MOTHER FATHER 13. NAME Elijah B. Mobley

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

15. MAIDEN NAME Sarah Anderson

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

17. INFORMANT Agatha Mobley (ADDRESS) 2231 1/2 S. 8th. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopkins, Mo. DATE Dec. 5, 1934

19. UNDERTAKER H. O. Sidenfaden (ADDRESS) St. Joseph, Mo.

20. FILED 4 1934 19..... John R. Bender Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1934, to Dec. 3, 1934, 19.....

I last saw him alive on....., 19..... Death is said to have occurred on the date stated above, at 2:00 P. M.

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

Gunshot Wound (Killed) Date of onset

167 167

Other contributory causes of importance:

no facts

Name of operation none Date of.....  
 What test confirmed diagnosis? microscopy Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? suicide Date of injury 12/3, 1934

Where did injury occur? in home

Specify whether injury occurred in industry, in home, or in public place.

Home

Manner of injury Gunshot Wound

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify Common

(Signed) John R. Bender

(Address) 731 Garrison

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.

