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.

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

Do not use this space.

APR 29 1935

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 14369

Township ..... Primary Registration District No. 1003 Registered No. 3198

City St Louis (No. 3108 A N Sarah St St. ..... Ward)

2. FULL NAME Alonzo A. Dobyns

(a) Residence, No. 3108 a N Sarah St., 10 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alta Dobyns

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 11 - 1880

7. AGE: YEARS 54 MONTHS 5 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal miner
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) Troy Ill

FATHER
13. NAME J. E. Dobyns
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER
15. MAIDEN NAME Virginia Kline
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

17. INFORMANT (ADDRESS) Joseph Dobyns 3108 N Sarah St

18. BURIAL, CREMATION, OR REMOVAL PLACE Pinckneyville Ill DATE 4-9-35 19

19. UNDERTAKER (ADDRESS) Albert H Hoppe Inc 429 N Euclid Ave

20. FILED APR - 8 1935 J Bredick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-7-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/4, 1935, to 4/7, 1935

I last saw h. alive on 4/6, 1935 Death is said to have occurred on the date stated above, at 9 a.m.

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

	Date of onset
Cancer of Stomach	
Primary seat in	4 Mo
Pylorus of stomach	

Other contributory causes of importance:

Cancer of Liver

Name of operation Exp Laratory Date of 3/7/35

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? No

If so, specify

(Signed) Geo T. Nelson, M. D.

(Address) 1006 So Jefferson

4/7/35