

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.

JUL 12 1935

18527

1. PLACE OF DEATH

County.....
Township.....
City.....
2745

Registration District No. 791
Primary Registration District No. 1003
City, No. 2007 #1

File No.....
Registered No. 5545
St. Ward

2. FULL NAME
Baby Hobaug

(a) Residence, No. 2604 N. 10th St. 26. Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/21/35

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min. 0 0 0 2 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. We
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) St. Louis Mo

13. NAME Harry Hobaug

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

15. MAIDEN NAME Antia Blankenship

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT (ADDRESS) Harry Hobaug

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Ann's Church

19. UNDERTAKER (ADDRESS) Dr. Blodgett

20. FILED JUN 27 1935

Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/21 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/21 1935 to 5/21 1935

I last saw him alive on 5/21 1935. Death is said to have occurred on the date stated above, at 6:30 p.m.

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

Premature
15
Date of onset

Other contributory causes of importance:

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) W. F. Qualtrough, M. D.

(Address) City, Mo.

