

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

OCT 28 1935

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Phelps
 Township Ree
 City Ree (No. _____) St. _____ Ward _____

Registration District No. 677
 Primary Registration District No. 440.3

File No. 30359
 Registered No. 90

2. FULL NAME

Shala F. Dobson

(a) Residence, No. _____ 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Caucasian 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) Oct. 5, 1908

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>27</u>	<u>11</u>	<u>15</u>	<u>15</u>	

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

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) Ree Mo.

13. NAME Ferry Dobson

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

15. MAIDEN NAME Maizie Carter

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

17. INFORMANT (ADDRESS) George Foster Ree Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ree Mo. Sept 21, 1935

19. UNDERTAKER (ADDRESS) Harry B. Williams Ree Mo.

20. FILED Sept 20, 1935 Jos. F. Agers Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1935, to Sept 19, 1935
 I last saw him alive on Sept 18, 1935. Death is said to have occurred on the date stated above, at 11:30 P.M.

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

Cardiac failure due to over exertion of heart in trying to keep blood oxygenated due to loss of lung tissue from Acute Miliary Tuberculosis 1934 with extensive pulmonary damage

Date of onset _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) W. Warren M. Coltingham D.O., M. D.
 (Address) Ree, Missouri

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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