

NOV 21 1935

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

Do not use this space.

32731

## 1. PLACE OF DEATH

County Jackson Registration District No. 300 File No. 1000  
Township North Primary Registration District No. 1000 Registered No. 1000  
City N. P. Mo. (No. Vingyard Park Hospital St. 1000 Ward)

## 2. FULL NAME

Chester Cooley Hobbs  
(a) Residence, No. 900 passey St.  Ward. (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

3. SEX <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>wid</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>NOV. 17 - 176</u>		
7. AGE YEARS <u>58</u> MONTHS <u>10</u> DAYS <u>26</u> If LESS than 1 day, ..... hrs. or ..... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Mechanic</u>	11. Total time (years) spent in this occupation.....
	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).....		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass13. NAME Alfred Hobbs14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass15. MAIDEN NAME Sarah Greey16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass17. INFORMANT (ADDRESS) Mrs. Mildred Terry18. BURIAL, CREMATION OR REMOVAL PLACE Kinsley Km DATE Oct. 21, 193519. UNDERTAKER (ADDRESS) Mrs. T. L. Foster20. FILED 10-13, 1935 M. M. Crowe Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13, 193522. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1935, to Oct 13, 1935I last saw him alive on Oct 12, 1935. Death is said to have occurred on the date stated above, at 3:30 p. m.

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

Broncho pneumonia Date of onset 10-6-35Other contributory causes of importance: 1919Name of operation None Date of What test confirmed diagnosis? Hemoglobin (Coulter-Henry) 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 , 19Where 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) J. E. Sheldon, M. D.(Address) 122 W. 1st St.

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.

