

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

Do not use this space.

37871

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaplan Primary Registration District No. 1002
 City Kb Mo (No. Wesley Hospital) St. _____ Ward _____

File No. _____
 Registered No. 0723

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Kingsville, Mo
 (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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alma</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 5 1882</u>		
7. AGE	YEARS <u>54</u>	MONTHS _____
	DAYS <u>22</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>	
	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 _____	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27 1936
 22. I HEREBY CERTIFY, That I attended deceased from Oct 23 1936, to Oct 27 1936
 I last saw him alive on Oct 27 1936. Death is said to have occurred on the date stated above, at 4:40 am.
 The principal cause of death and related causes of importance were as follows:

Intestinal obstruction
tear of ileum 14 in
slipped thru at vent
in omentum

Other contributory causes of importance:

Terminal cardiac failure
 Name of operation _____ Date of _____
 What test confirmed diagnosis? P. 701 Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicid no Date of injury no, 1936
 Where did injury occur? no (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) J. F. Innes M. D.
 (Address) Kansas City, Mo

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kingsville Mo</u>
	13. NAME <u>Jan Hobbs</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tulnag Co Iowa</u>
	15. MAIDEN NAME <u>Lucinda Bolejack</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N. Carolina</u>
FATHER	17. INFORMANT (ADDRESS) <u>Mrs Dan Hobbs Kingsville, Mo</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Kingsville, Mo</u> DATE <u>Oct 1936</u>
	19. UNDERTAKER (ADDRESS) <u>Goodman Funeral Home Kansas City, Mo</u>
	20. FILED <u>Oct 27 1936</u> M. H. Crowe Registrar.

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.

