

FEB 25 1937

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

Do not use this space.

1306

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 4202 Prospect)

Registration District No. 302
Primary Registration District No. 17
St. Ward

File No. 302
Registered No. 017
Ward

2. FULL NAME Walter Herbert Jobe

(a) Residence, No. 4202 Prospect St. Ward
(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. (If nonresident, give city or town and State)

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 Edith Jobe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 30th 1893

7. AGE YEARS 43 MONTHS 0 DAYS 6 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City Fireman 11. Total time (years) spent in this occupation 14 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nelson Mo.

MOTHER FATHER 13. NAME James H. Jobe

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

MOTHER 15. MAIDEN NAME Ida Williams

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

17. INFORMANT James H. Jobe Jr. (ADDRESS) 4416 Wayne

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Jan 7 1937

19. UNDERTAKER D. W. Newcomer's Sons (ADDRESS) Kansas City Mo.

20. FILED 1-7 1937 M. M. Crowe, ass't Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5th 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-5-37 3:00, 1937, to 1-5-37 11:15, 1937

I last saw him alive on 1-5-37, 1937. Death is said to have occurred on the date stated above, at 11:15pm
The principal cause of death and related causes of importance were as follows:

Coronary occlusion Date of onset 1-5-36

Other contributory causes of importance: Heart attack a month before ascending to duty

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) Lo H Wyatt, M. D.
(Address) 3850 Prospect

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

11-12-84

11-12