

APR 8 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County JacksonRegistration District No. 399Township RawPrimary Registration District No. 1002City Kansas City(No. General Hospital)File No. 9403Registered No. 1St. Mo.

Ward

2. FULL NAME Wilmer J Hobbs(a) Residence, No. 709 PaseoSt. Mo.

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

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Ada Hobbs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Dec 22, 1896

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

40211

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

Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

K.C. Star

10. Date deceased last worked at this occupation (month and year)

1930

11. Total time (years) spent in this occupation

20

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

Wichita Kansas

13. NAME

Smith M. Hobbs

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

Shelby Co. Mo.

15. MAIDEN NAME

Mollie A. Perkins

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

Wichita Kansas

17. INFORMANT (ADDRESS)

Mrs. Oneta Patton 709 Paseo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Elmwood

DATE

3-5-37

19. UNDERTAKER (ADDRESS)

W. J. Newlands' Sons

(ADDRESS)

709 Paseo

20. FILED

Nov 4, 1937 M. M. Cronin

Registrar

## MEDICAL CERTIFICATE OF DEATH

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

March 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from

2-1619373-31937I last saw him alive on 3-3, 1937. Death is saidto have occurred on the date stated above, at 9:25 A.M.

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

Recurrent Brain Hemorrhage with (malignant)

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

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)

(Address)

W. J. Newlands' Sons, M. D.  
709 Paseo  
Superior Gen Hospital

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.

1871, 1872