

APR 8 1937

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

Do not use this space.

9462

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KawPrimary Registration District No. 1002City Kansas City Mo. (No. 711 Wabash)File No. _____
Registered No. 11003
St. _____ Ward _____2. FULL NAME Mrs. Mary Elizabeth Dobbins(a) Residence, No. 711 Wabash 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

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Benjamin Dobbins6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 18577. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 2 118. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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 occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri13. NAME Benjamin O. Dobbins14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Elizabeth16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Ralph O. Dobbins;
(ADDRESS) 711 Wabash, K.C. Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Mar. 8-3719. UNDERTAKER C.H. Blackman & Son, Inc.
(ADDRESS) 2825 Indep. Blvd. K.C. Mo.20. FILED Mar 8 1937 M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 6-37, 1922. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1937, to Mar 7, 1937I last saw her alive on Mar 5, 1937 Death is said to have occurred on the date stated above, at 4:45 P.

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

Heart failure 8501
apoplexy
Other contributory causes of importance: arteriosclerosis

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? noIf so, specify _____ (Signed) W.P. Fish, M. D.(Address) 910 Argyle Bldg

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

FORM 22-36

I X9914

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.

