

MAY 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Grundy
Township Taylor
City Beismon (No. _____)

Registration District No. 328
Primary Registration District No. 5464

File No. 16416
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Wayne Edman Hobbs

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23-1937

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hra. ormin.
5

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

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

13. NAME Walter Edman Hobbs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grundy Co., Mo.

15. MAIDEN NAME Ruby Calene Kidwell

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

17. INFORMANT (ADDRESS) Walter Edman Hobbs Beismon Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Springer Cemetery DATE 4-29-1937

19. UNDERTAKER (ADDRESS) Bernie C. Davis

20. FILED 4 30 19 37 Gene R. Fair Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1937, to April 29, 1937. I last saw him alive on April 26, 1937. Death is said to have occurred on the date stated above, at 10:30 p. m.

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

Atelectasis

Date of onset Birth

Other contributory causes of importance: 16/10

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 _____, 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? _____

If so, specify _____

(Signed) G. H. Culler, M. D.

(Address) Stanton Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

