

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

Do not use this space.

AUG 24 1937

1. PLACE OF DEATH

County Henry  
Township Windsor  
City Windsor (No. \_\_\_\_\_, St. \_\_\_\_\_ Ward)

Registration District No. 14  
Primary Registration District No. 4211

File No. 27305  
Registered No. 76

2. FULL NAME GEORGE WASHINGTON SHOBE

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Luella</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 4, 1861</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>2</u>
	DAYS <u>19</u>	If LESS than 1 day, _____ hr. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</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) 7-23 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-23 - 1937 to 7-23 1937

I last saw him alive on June 1937 Death is said to have occurred on the date stated above, at 1 P. m.

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

T. B. Lung - Bright Hemorrhage  
(was dead when I was called to see him)  
Other contributory causes of importance:  
heart had seen him in June -

Date of onset

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lincoln Mo.</u>
	13. NAME <u>Bill Shobe</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lincoln Mo.</u>
	15. MAIDEN NAME <u>Luella Hill</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Near Windsor</u>
	17. INFORMANT (ADDRESS) <u>Henry Shobe son</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>The County</u> DATE <u>7-25 1937</u>
	19. UNDERTAKER (ADDRESS) <u>Crowder</u>
	20. FILED <u>Aug 25 1937</u> Registrar

Name of operation 22 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? no  
If so, specify \_\_\_\_\_  
(Signed) H. M. Wall, M. D.  
(Address) Windsor Mo.

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.

20M-16-36 X729A

