

AUG 26 1937

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

Do not use this space.

27793

1. PLACE OF DEATH

County Miller
Township Bedard
City Bedard (No. _____)

Registration District No. 561
Primary Registration District No. 4330

File No. _____
Registered No. 44 St. _____ Ward _____

2. FULL NAME Edna E. Hobson

(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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Edgar E. Hobson</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 1 1882</u>			
7. AGE	YEARS	MONTHS	DAYS
<u>35</u>	<u>54</u>	<u>11</u>	<u>15</u>
If LESS than 1 day, _____ hrs. or _____ min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>tour</u>		
	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) July 16 1937

22. I HEREBY CERTIFY That I attended deceased from July 16 1937 to July 16 1937. I last saw her alive on July 16 1937. Death is said to have occurred on the date stated above, at 6A m. The principal cause of death and related causes of importance were as follows:
Heart Failure Date of onset 7-16-37

Other contributory causes of importance: 112
Asthma

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 1
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) E. C. Shelton M. D.
(Address) Eldon Mo.

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

13. NAME Denario

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

15. MAIDEN NAME U.S.

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

17. INFORMANT Edgar E. Hobson
(ADDRESS) Denario, Colo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kentucky DATE July 17 1937

19. UNDERTAKER Phillips Funeral Home
(ADDRESS) Bedard Mo.

20. FILED 7-17 1937 Belle Haynes Registrar.

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.

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