

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

Do not use this space.

SEP 25 1937

1. PLACE OF DEATH  
County St. Louis Registration District No. 788  
Township Jefferson Primary Registration District No. 4471  
City Webster Groves (No. 9th St. Elm) St.                      Ward                     

2. FULL NAME Joseph William Bobbitt

(a) Residence, No. 925 N. Elm Ave 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.

31734

File No.                       
Registered No. 84

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/9-1895

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, hrs. or min.
	<u>42</u>	<u>6</u>	<u>4</u>	

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

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

10. Date deceased last worked at this occupation (month and year) aug 13 1937 11. Total time (years) spent in this occupation. 25 yrs

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13<sup>th</sup> 1937

22. I HEREBY CERTIFY, That I attended deceased from                     , 19                    , to                     , 19                    .

I last saw him                      alive on                     , 19                    . Death is said to have occurred on the date stated above, at 8:50 a.m.

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

Homicide by firearms 8/13/37

Other contributory causes of importance: Gun shot wound of heart 8/13/37

Name of operation none Date of                     

What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Homicide Date of injury 8/13 1937

Where did injury occur? Webster Groves  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury Homicide by revolver

Nature of injury Perforation of heart

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify                     

(Signed) John D. Connelly M. D.  
(Address) Carver, St. Louis

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

13. NAME Jerry B. Bobbitt

14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Elizabeth Pitts

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

17. INFORMANT Elizabeth Bobbitt (ADDRESS) 925 N. Elm Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Travis Jackson DATE Aug 17 1937

19. UNDERTAKER J. C. Lewis (ADDRESS) Webster Groves

20. FILED 8-17-37 Jules R. Gore 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A LEGAL INSTRUMENT

