

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

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

Do not use this space.

1. PLACE OF DEATH

County ISOLATION HOSPITAL
Township.....
City St. Louis, Mo. (No.) (Ward).....

Registration District No. 791
Primary Registration District No. 1003

File No. 32881
Registered No. 8935

2. FULL NAME Jerry Bobbit

(a) Residence, No. 1001 Cornell St. N.R. Ward. West Groves Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

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

22. I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1937 to Sept. 21, 1937

I last saw him alive on Sept. 21, 1937 Death is said to have occurred on the date stated above, at 8:20 am

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. Abt. 80

Encephalitis Epidemica Date of onset 9-17

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

Other contributory causes of importance:
Bronchopneumonia
Chn. Myocarditis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee.

FATHER 13. NAME Unknown

Name of operation None Date of

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

What test confirmed diagnosis? clin. obs. Was there an autopsy? yes

MOTHER 15. MAIDEN NAME Unknown

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.

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

17. INFORMANT (ADDRESS) B. Buttenuth.

Manner of injury
Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickerson DATE 9/26/37

24. Was disease or injury in any way related to occupation of deceased?

19. UNDERTAKER (ADDRESS) J. Lewis
West Groves

If so, specify (Signed) Henry J. Plouch M.D.

20. FILED SEP 24 1937 J. Bredeck Registrar.

(Address) 5600 Woodman

