JAN 15 1938

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

Do not use this space.

45023

1. PLACE OF DEATH
County: Cass
Township: Pleasant Hill
City: Pleasant Hill (No. ..... St. ..... Ward)

Registration District No. 157
Primary Registration District No. 4091

File No. .....
Registered No. 37

2. FULL NAME: Sarah Elizabeth Dobbins

(a) Residence, No. ..... 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: wife of Chas Dobbins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 28 - 1862

7. AGE: YEARS 75 | MONTHS 1 | DAYS 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Keeper
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): 30 days
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Herman Ill

FATHER

13. NAME: Lewis Molen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

MOTHER

15. MAIDEN NAME: Elizabeth unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Chas. Dobbins Pleasant Hill Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Pleas Hill DATE: 12-31- 1937

19. UNDERTAKER (ADDRESS): Brownfield Pleasant Hill Mo.

20. FILED 12-31- 1937 Mrs Etta M. Aldridge Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1937, to Dec. 29, 1937

I last saw her alive on Dec - 29, 1937. Death is said to have occurred on the date stated above, at 6:30 P.m.

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

Cerebral hemorrhage — Date of onset 12/25/37

Other contributory causes of importance: Hypertension & arterio-sclerosis

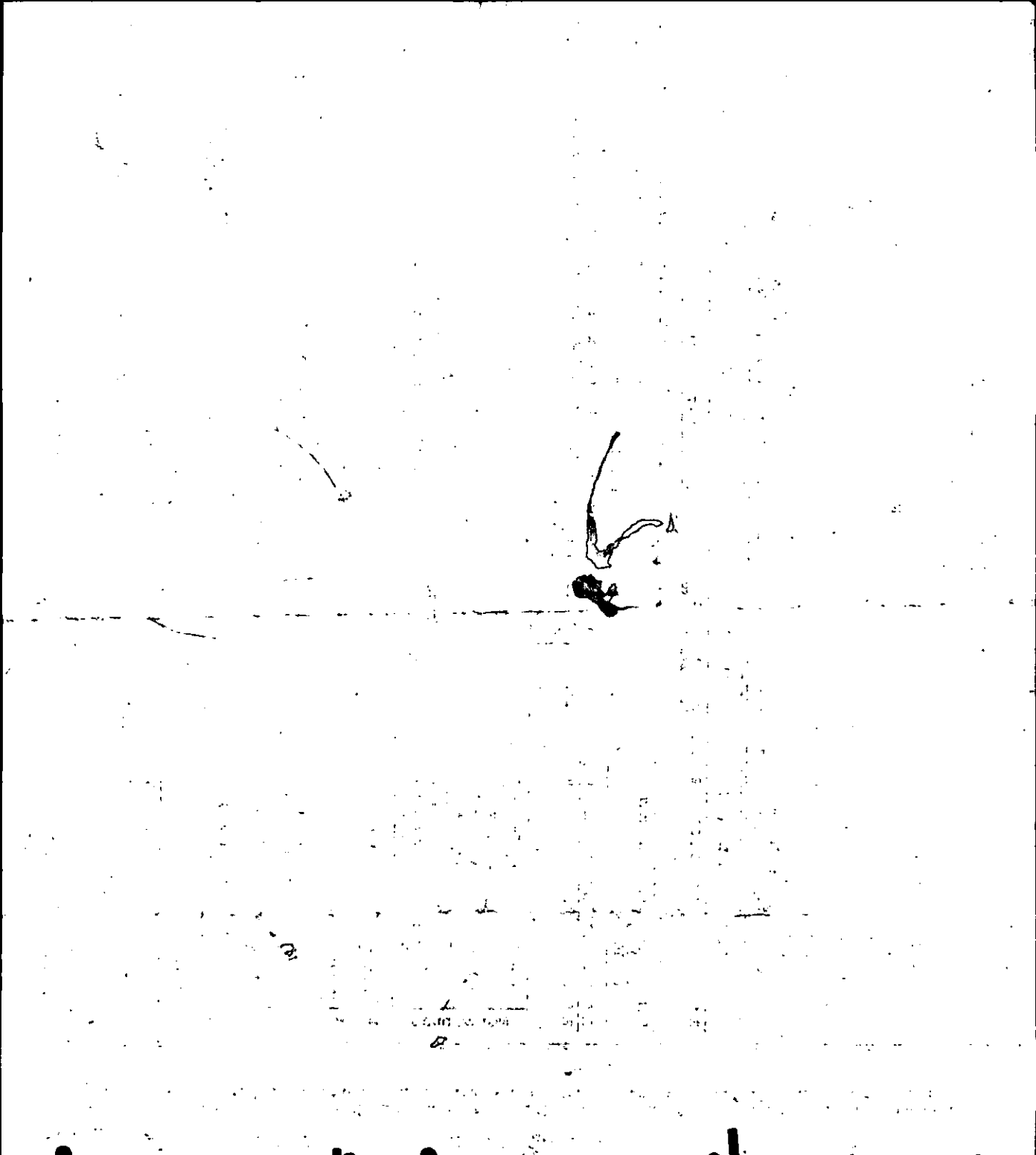
Name of operation ..... Date of .....
What test confirmed diagnosis? — Was there an autopsy? No.

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 .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify .....
(Signed) F. L. Murray, M. D.
(Address) Pleasant Hill, Mo.

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 PERMANENT RECORD

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