

REC'D SEP 20 1938

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

Do not use this space.

29095

1. PLACE OF DEATH

County JacksonTownship OslerCity Kansas City, Mo.Registration District No. 398Primary Registration District No. 5534

File No.

Registered No. 218

St. _____ Ward _____

2. FULL NAME Ruby May Dobbins(a) Residence, No. 700 N. Ash Ave. R 7 St. Ward 152
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12, 1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

192

OCCUPATION

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

none

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

12. BIRTHPLACE (CITY OR TOWN) Fairmount Station
(STATE OR COUNTRY) Kansas City, Mo.

FATHER

13. NAME Tim J. Dobbins14. BIRTHPLACE (CITY OR TOWN) Lean Lake
(STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Cecil Bohaman16. BIRTHPLACE (CITY OR TOWN) Brunswick
(STATE OR COUNTRY) Mo.17. INFORMANT Tim J. Dobbins
(ADDRESS) 700 N. Ash

18. BURIAL, CREMATION, OR REMOVAL

PLACED at Washington DATE Aug. 16, 193819. UNDERTAKER Cato & Speaks Funeral Home
(ADDRESS) Independence, Mo.20. FILED Aug. 15, 1938 J. L. Gish
Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-13-38

22. I HEREBY CERTIFY That I attended deceased from

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at 700 N. Ash m.

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

Date of onset

Acute Enteritis -
Broncho pneumonia
OR
OR Heart Failure

Other contributory causes of importance:

Name of operation none Date ofWhat test confirmed diagnosis? Autopsy Was there an autopsy? Y

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? _____

If so, specify _____

(Signed) J. L. Gish, M. D.(Address) 360

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

1925-8-12

1937-1-12

1-11-1