

APR 11 1939

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

Do not use this space.

1. PLACE OF DEATH
 County Stoddard Registration District No. 840
 Township Dudley Primary Registration District No. 6102
 City Dudley Mo R1 St. _____ Ward _____
 2. FULL NAME Challen Hays Hobbs
 (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.

File No. 12540
 Registered No. 7
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Mo 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29 1861
 7. AGE YEARS 77 MONTHS 75 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) 6 mo 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dudley, Mo R1
 FATHER
 13. NAME Jacob Hobbs
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tenn
 MOTHER
 15. MAIDEN NAME Elizabeth Sullivan
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickman Ky.
 17. INFORMANT C C Hobbs
 (ADDRESS) _____
 18. BURIAL, CREMATION, OR REMOVAL PLACE Hobbs Cemetery DATE Dudley Mo R1 11-20-37
 19. UNDERTAKER Wobbes Funeral Home
 (ADDRESS) Dudley Mo
 20. FILED Mar 20 1939 De Munn Dypert
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Mar 19 1939 to Feb 23 1939, 19____
 I last saw him alive on Feb 23, 1939. Death is said to have occurred on the date stated above, at 5:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Bronchial Asthma Date of onset _____
 Other contributory causes of importance: 11/2
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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) V. G. Terpley, M. D.
 (Address) Dudley

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

