

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.

REC'D JUN 8 1939

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

Do not use this space.

## 1. PLACE OF DEATH

County JacksonTownship RauCity Kansas CityRegistration District No. 399Primary Registration District No. 1002

Research Hosp

17511

File No.

Registered No. 1913

## 2. FULL NAME

(a) Residence, No. 134

(Usual place of abode)

Lobdell John Wesley Lobdell

Ward.

(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

male

## 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 OFMinerva Lobdell

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

March 27, 1887

## 7. AGE

YEARS

52

MONTHS

1

DAYS

8IF LESS than 1  
day, .....hrs.  
or .....min.

## OCCUPATION

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

corn products co

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) (STATE OR COUNTRY)

Missouri

## FATHER

13. NAME William Lobdell

## MOTHER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Minerva Helen Johnson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Mrs. John W. Lobdell  
(ADDRESS) 724 - 100 Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Minneville, Mo. DATE May 7, 193919. UNDERTAKER Morton Funeral Home(ADDRESS) North Kansas City, Mo.20. FILED May 7 1939 M. M. Browne  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

May 5 1939

## 22. I HEREBY CERTIFY, That I attended deceased from

Brown

19....., 19.....

I last saw h..... alive on....., 19..... Death is said

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

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

Railroad hammerFracture of the skull

Date of onset

Other contributory causes of importance:

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 12.13.39, 19.....Where did injury occur Minneville Mo  
(Specify city or town, county, and State)

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

Manner of injury Railroad hammerNature of injury with car was struck by train

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

If so, specify.....

(Signed) W. J. ...(Address) ...

, M. D.

to weight 10 ft.  
Eyes Blue  
Hair gray  
Weight 215  
1115