

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

INDEXED 8 1939

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

Do not use this space.

1. PLACE OF DEATH

County Laurance 2 Registration District No. 472
Township Vineyard 1 Primary Registration District No. 5700
City Stotts City, Mo (No. _____) _____ St. _____ Ward _____

File No. 40125
Registered No. 160

2. FULL NAME Andrew Chester 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.

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 OF Bessie Hobbs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1894 Mar. 12

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 9 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
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 Geo. J. Hobbs

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

MOTHER 15. MAIDEN NAME Hepsey Woods

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

17. INFORMANT (ADDRESS) Bessie Hobbs
Stotts City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cem. DATE Nov 18 1939

19. UNDERTAKER (ADDRESS) James J. Funeral Home
Int. Vernon Mo.

20. FILED 10-18 1939 W. H. Powell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-15 1939

22. I HEREBY CERTIFY That I attended deceased from Nov. 15 1939, to Nov. 15 1939
I last saw him alive on Nov-15 1939 Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

Angina pectoris
Alcoholism
Date of onset 11-15-39

Name of operation _____ Date of _____
What test confirmed diagnosis? Chief Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____
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) R. A. Holmer, M. D.
(Address) Int. Vernon Mo.

RECEIVED

District Health Officer No. 6,

District File Number 1239-2554

Date Filed DEC 11 1939

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