

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.

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

Do not use this space.

914

1. PLACE OF DEATH

County Henry Registration District No. 347
Township Clinton Primary Registration District No. 3018
City (No.) St. Ward

2. FULL NAME

(a) Residence, No. 214 W. Henry St. 3 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Chas. Hibbs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-7-1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 6 13

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

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) Ohio

FATHER 13. NAME Peter Gates

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

MOTHER 15. MAIDEN NAME Rickey Straus

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

17. INFORMANT (ADDRESS) Minnie S. Sodeg Clinton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 1-21-34

19. UNDERTAKER (ADDRESS) Wesley Funeral Home Clinton, Mo.

20. FILED 1-23 1934 J. H. Humpless Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20 1934

22. I HEREBY CERTIFY that I attended deceased from June 1 1933 to July 4 1934
I last saw her alive on Jan 19 1934. Death is said to have occurred on the date stated above, at 7:10 a.m.

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

General Debility Date of onset

Other contributory causes of importance:
200A
10-2

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

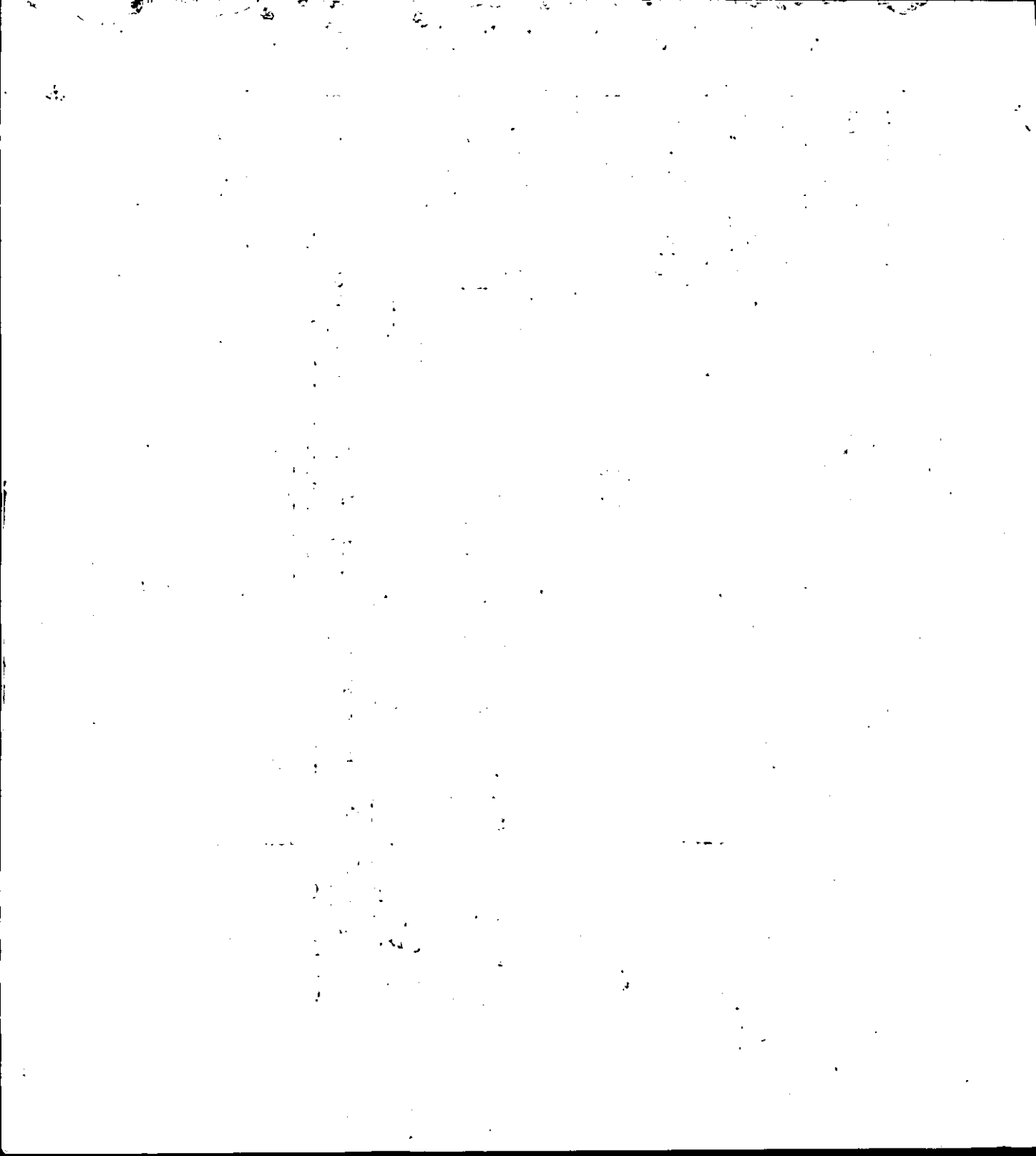
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no 1934

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) Samuel A. Page M. D.
(Address) Clinton, Mo.



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2

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Louise Hobbs

Who died at _____ on Jun 20 - 1934

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 64 Months 6 Days 13

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year 1932

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: General Debility
not any of B

Other contributory causes of importance _____
Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

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

If so, specify _____

Name of physician _____

Address of physician J. R. Hampton

Signature of Registrar _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 347

E. T. McLaughlin, M.D.

Primary Reg. Dist. No. 3018

Dr. D. A. Paquer

Special Agent.

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