MAR 25 1930

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

Do not use this space.

File No. 4716

Registered No.

1. PLACE OF DEATH

County: Greene — Registration District No. 325

Township: Walnut Grove — Primary Registration District No. 5450

City: ✓ (No. ..... St. ..... Ward)

2. FULL NAME Margaret Hobbs

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

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF John J Hobbs

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-19-1845

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	84	2	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Greene Co
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Isaac Messick

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Tenn.

12. MAIDEN NAME OF MOTHER Martha Jefferies

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Penn

14. INFORMANT J F Hobbs
(Address) Walnut Grove Mo

15. FILED 2-23, 1930 F E McClure REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb-22 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1930, to Feb 22, 1930 that I last saw her alive on Feb 22, 1930, and that death occurred, on the date stated above, at 4 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis of ~~Heart~~ Coronary arteries
Exact
94R (duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 97 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) S. B. Smith, M. D
2/24, 1930 (Address) Walnut Grove

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Greenlawn Cemetery — DATE OF BURIAL: 2/24 1930

20. UNDERTAKER: J A Barnes Bans — ADDRESS: Walnut Grove

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.