

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.

NOV 28 1930

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

Do not use this space.

34027

1. PLACE OF DEATH
 County St. Louis Registration District No. 149
 Township Central Primary Registration District No. 6093B
 City (No. 6417 Mount Ave) St. _____ Ward _____

2. FULL NAME Along C. Bobb
 (a) Residence, No. 6417 Mount Ave St., _____ Ward _____
 (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. (If nonresident, give city or town and State)

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 Mamie Bobb

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 28, 1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>68</u>	<u>1</u>	<u>24</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Salesman (Fish)
 (b) General nature of industry, business, or establishment in which employed (or employer) Glasier & Nies
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Arkansas

10. NAME OF FATHER George Bobb

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

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Don't know

14. INFORMANT Mrs. Mamie Bobb
 (Address) 6417 Mount Ave

15. FILED 10/23 1930 Joella Bracy, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 **2**
 16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 22 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1930, to Oct 21, 1930 that I last saw him alive on Oct 21, 1930, and (that death occurred, on the date stated above, at 3:45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of stomach
455
1186 (duration) 4 yrs. _____ mos. _____ ds.

CONTRIBUTORY chronic gastritis (SECONDARY) (duration) 10 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED? 414 IF AT PLACE OF DEATH Home

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Blood Test
 (Signed) Joella Bracy M. D.
10/22 1930 (Address) 6400 Easton

*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	DATE OF BURIAL
<u>Valhalla Cemetery</u>	<u>10-24 1930</u>
20. UNDERTAKER	ADDRESS
<u>Geo. L. Pleitsch</u>	<u>5966 Easton Ave</u>

John W. ...