

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

Do not use this space.

40169

1. PLACE OF DEATH

County Montgomery Registration District No. 591
 Township Prairie Primary Registration District No. 5989
 City Middleton (No. _____) St. _____ (Ward) _____
 Catherine Hobbs

2. FULL NAME

(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 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 Edward C. Hobbs

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 4th. 1877

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>53</u>		<u>10</u>	<u>25</u>	

8. OCCUPATION OF DECEASED Housewife

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Middletown
 (STATE OR COUNTRY) Missouri

PARENTS	10. NAME OF FATHER <u>John Lemasters</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>W. Virginia</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Gilla Tennant</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>W. Virginia</u> (STATE OR COUNTRY)

14. INFORMANT E. C. Hobbs
 (Address) Middletown, Mo

15. FILED 12/31 1930 W. J. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 29th. 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec. 23rd, 1930 to Dec 29th, 1930 that I last saw him alive on Dec 29, 1930 and that death occurred, on the date stated above, at 9 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Distended Nephritis
131
1078
 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY Acute Broncho Pneumonia
 (SECONDARY)
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED [Signature]
 IF NOT AT PLACE OF BIRTH...
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? bedside
 (Signed) A. J. [Signature] M. D.
Dec 31, 1930 (Address) Middletown

*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 Middletown Cemetry DATE OF BURIAL 12-31-30

20. UNDERTAKER Jones & Wells, Middletown, Mo. ADDRESS

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.

