

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

Do not use this space.

35253

PLACE OF DEATH

County Pemiscot

Registration District No. 45-3

Township Acety

Primary Registration District No. 5864

City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 147

2. FULL NAME

Jane Dobb

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-23 1931

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

17. I HEREBY CERTIFY, That I attended deceased from 9-18 1931 to 10-23 1931.
that I last saw her alive on Oct. 20, 1931 and that death occurred, on the date stated above, at 10 a m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) not known

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Paralysis

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82

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

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 _____

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

18. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

10. NAME OF FATHER Not known

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Fred. H. Oelger M.D.
10-24, 1931 (Address) Cash, Tennessee

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

*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.

14. INFORMANT (Address) See 1

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
County Farm 10-24 1931

15. FILED 12-1-1931 J. Johnson REGISTRAR

20. UNDERTAKER ADDRESS
Dept of Farm Hartsville

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

