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.

MAY 22 1933

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

Do not use this space.

9257

1. PLACE OF DEATH

40 County Grundy — Registration District No. 327

Township Marion — Primary Registration District No. 5454A

City ..... (No. ..... St. ..... Ward)

File No. .....

Registered No. 3

2. FULL NAME Charles H. Dobbins

(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 M.

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Emma F. Dobbins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19-1849

7. AGE YEARS 83 MONTHS 2 DAYS 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Findley, Mo.

FATHER

13. NAME Thomas Dobbins

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

MOTHER

15. MAIDEN NAME Sarah Kirkpatrick

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

17. INFORMANT (ADDRESS) Emma F. Dobbins Laredo, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Findley cem DATE Mar. 3 1933

19. UNDERTAKER (ADDRESS) E. J. Robertson Laredo, Mo.

20. FILED 3-2- 1933 H. C. Weston Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feby 1, 1933, to Mch 1, 1933

I last saw him alive on Feby 20, 1933. Death is said to have occurred on the date stated above, at ..... m.

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

Cerebral hemorrhage — Date of onset Feby 1, 1933

92A Mitral Regurgitation

22A

Other contributory causes of importance: Uretric Sclerosis

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? ..... 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 .....

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

If so, specify .....

(Signed) [signature], M. D.

(Address) Trenton Mo