

OCT 17 1935

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

Do not use this space.

28653

File No.
Registered No. 61
St. Ward)

1. PLACE OF DEATH

County Bates Registration District No. 50
Township Primary Registration District No. 3004
City Butler (No. St. Ward)

2. FULL NAME Louis Shobe

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 4 17

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

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

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warsaw Benton Co Mo.

13. NAME Johnson Shobe

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

15. MAIDEN NAME Elizabeth E. Calmes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Woodford Co Va.

17. INFORMANT Betty Shobe (ADDRESS) Butler Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill - DATE Sept 15 1935

19. UNDERTAKER Culver (ADDRESS) Butler Mo

20. FILED Sept 15 1935 Miss E Culver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 13, 1935

22. I HEREBY CERTIFY That I attended deceased from Oct. 1933 to Sept. 13 1935
I last saw him alive on Sept. 12 1935. Death is said to have occurred on the date stated above, at 3 a. m.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis Date of onset

Other contributory causes of importance:

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? No
If so, specify
(Signed) L. H. Newell, M. D.
(Address) Butler Mo.

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

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