OCT 2 8 19[illegible]

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

Do not use this space.

30372

1. PLACE OF DEATH
County Pike — Registration District No. 689
Township — Primary Registration District No. 3033
City Louisiana (No. Mineral Springs Sanitarium St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Hershel Baker Dolbow
(a) Residence, No. Detroit Ill 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. 14 weeks 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) 7-29-11
7. AGE YEARS 24 MONTHS 1 DAYS 16 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.
10. Date deceased last worked at this occupation (month and year) 8/5/34
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Detroit Ill

FATHER
13. NAME Marvin Wesley Dolbow
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Detroit Ill

MOTHER
15. MAIDEN NAME Grace Baker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florence Ill

17. INFORMANT (ADDRESS) M W Dolbow Detroit Ill
18. BURIAL, CREMATION, OR REMOVAL PLACE Detroit Ill DATE 9/17 1935
19. UNDERTAKER (ADDRESS) J Wes Smith Milton Ill
20. FILED 9/15 1935 F C Haley Jr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep 15 1935
22. I HEREBY CERTIFY, That I attended deceased from Oct 17 1934 to 9-15 1935
I last saw him alive on Sep 15 1935. Death is said to have occurred on the date stated above, at 9:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	

Other contributory causes of importance: Fracture of Spine a result of his going to sleep while driving his car running into a ditch on Hiway 36 Illinois
Name of operation ~~Laminectomy~~ Date of 10/19-34
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury Oct 19 1934
Where did injury occur? on Illinois Hiway 36 Pike Co Ill (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. on Illinois Hiway 36
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Dr. D. D. Walker, M. D.
(Address) Louisiana Mo

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.