JUN 23 1937

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

Do not use this space.

20456

1. PLACE OF DEATH

County Johnson — Registration District No. 5586 Post Oak Ins. — File No.

Township Magnolia — Primary Registration District No. 4256 Leeton Town — Registered No. 430

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

2. FULL NAME Alfred Asher Hobbs

(a) Residence, No. Denton, Mo. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 1st. 1871

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
66	2	7	

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

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

FATHER

13. NAME Newberry Hobbs

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

MOTHER

15. MAIDEN NAME ? Asher

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

17. INFORMANT (ADDRESS) Mrs. Maggie Hobbs Denton, Mo.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL

PLACE Preston, Mo. DATE Apr. 11th 1937

19. UNDERTAKER (ADDRESS) R. A. Brauninger Leeton, Mo.

20. FILED May 8 1937 Annabel Reynolds, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8 1937

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1937, 19..., to Apr, 8th, 1937, 19...

I last saw him alive on Apr. 8, 1937. Death is said to have occurred on the date stated above, at 9:30 P.m.

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

Mital regurgitation — Date of onset

92a

Other contributory causes of importance:

Hypertrophy of heart

Name of operation ..... Date of .....

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? ..... 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) R. L. Gills, M. D.

(Address) Magnolia, 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.