

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

Do not use this space.

22881

1. PLACE OF DEATH JUL 19 1937
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City K. C. Mo. (No. 7301 Lydia) St. Ward

File No. _____
 Registered No. 22881
 St. _____ Ward _____

2. FULL NAME Mrs. Hannah Hobbie
 (a) Residence, No. 7301 Lydia 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter H. Hobbie
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
53 3 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W.
 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) Cawker City, Kansas

FATHER 13. NAME J. A. Newquist
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

MOTHER 15. MAIDEN NAME Emma C. Nelson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

17. INFORMANT Walter H. Hobbie
 (ADDRESS) 7301 Lydia

18. BURIAL, CREMATION, OR REMOVAL PLACE Faunt Hall DATE June 24, 1937

19. UNDERTAKER Wagner Funeral Home
 (ADDRESS) 204 W. Linwood

20. FILED 7/22 1937 M. M. Brown
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1936 to June 22, 1937

I last saw her alive on June 18, 1937. Death is said to have occurred on the date stated above, at 11:35 pm

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

Myocarditis & Mitral Lesion of heart. Date of onset

Other contributory causes of importance: General oedema

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) E. H. Bullock, M. D.
 (Address) 1121 Grand Ave.

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.

1300 Armonas Blvd

1121- Rieger Bq-

Mont Va 6205-