

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

33646

Do not use this space.

1. PLACE OF DEATH: *Scott 2*
 (a) County *Scott* Registration District No. *821*
 (b) Township *Highland* Primary Registration District No. *4553* Registered No.
 (c) City *Sikeston* (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred *22* yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME *VESTA Grant Dobbs*
 (a) Residence, No. *Sikeston, Mo.* St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED, NAME OF (OR) WIFE OF *Claude Dobbs*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March, 6, 1899*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>40</i>	<i>6</i>	<i>6</i>	

OCCUPATION: 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Housewife*
 9. Industry or business in which work was done, as 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) *Jackson, Tenn.*

FATHER: 13. NAME *Unknown*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *9*

MOTHER: 15. MAIDEN NAME *Unknown*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *9*

17. INFORMANT (ADDRESS) *Billy Wallace, Sikeston, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Malden, Mo.* DATE *Sept 13, 1939*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Arden Eekin, Sikeston, Mo.*

20. FILED *Oct 3, 1939* *W. A. Ormull* Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept, 12, 1939*

22. I HEREBY CERTIFY, That I attended deceased from *Jan*, 19*39*, to *Sept 12*, 19*39*
 I last saw him alive on *Sept 12*, 19*39*. Death is said to have occurred on the date stated above, at *7* o'clock *PM*.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of uterus
 Date of onset *1938*

Other contributory causes of importance: *HB*

Name of operation *Radiation* Date of operation *Mar 3, 39*
 What test confirmed diagnosis? *Biopsy* 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? _____
 If so, specify _____ (Signed) *Howard M. Tandy*, M. D.
 (Address) *Sikeston, Mo.*

N. E.—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.

100
11
2

MAY 26 1949

RECEIVED

District Health Officer No. 2,

District File Number 1039-236

Date Filed 10-5

SEP 23 1951
REC 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Sept

....., Registered Apprentice No.
working under my personal supervision.

Signed Andon Ellise

Licensed Embalmer No. 3869

P. O. Address Sikeston,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.