

Registration District No. 774

Primary Registration District No. 6018B

Registrar's No. 901

1. PLACE OF DEATH:
(a) County ST. FRANCOIS
(b) City or town ESTHER MO
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME BILLY THA DOBETT 263
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race W
6. (a) Single, widowed, married, married

6. (b) Name of husband or wife SIDNEY DOBETT
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased JUNE 30 1889
(Month) (Day) (Year)

8. AGE: Years 50 Months 3 Days 25
If less than one day _____ hr. _____ min.

9. Birthplace BONNE TERRE MO
(City, town, or county) (State or foreign country)

10. Usual occupation CAFE OR HOME

11. Industry or business _____

MOTHER FATHER { 12. Name SIDNEY HUMPHREY
18. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name NANNIE BOYD
15. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Sidney Dobett
(b) Address ESTHER

17. (a) BURIAL (b) Date thereof OCT 25 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation NEAR BONNETT

18. (a) Signature of funeral director C. J. Byrd
(b) Address De Lage 697

19. (a) 10/26/39 (b) C. B. Barrar
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town ESTHER MO
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month OCT. day 23
year 1939 hour 1 minute AM.

21. I hereby certify that I attended the deceased from Feb 12 1939 to Oct 23 1939
that I last saw him alive on 10-22 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Pulm of M J.B.C.
Due to _____
Due to _____

Other conditions Pleural effusion
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(or) Means of injury _____

23. Signature N. O. Gault (M. D. or other) _____
Address De Lage Date signed 10-24-39

Duration 2 yrs
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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.

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

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Burton J. Boyer

Licensed Embalmer No.

3660

P. O. Address

Desloge mo

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

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