

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

Do not use this space.

459

**1. PLACE OF DEATH**  
 County Cape Girardeau Registration District No. 125  
 Township 11 Primary Registration District No. 5778  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** L. J. Hobbs  
 (a) Residence, No. R. 3, #1 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** Male **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** \_\_\_\_\_

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** May 7-1874

<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>	<b>DAYS</b>	<b>IF LESS than 1 day, _____ hrs. or _____ min.</b>
	<u>56</u>	<u>8</u>	<u>23</u>	

**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)** Cape Girardeau Mo

**MOTHER**

**13. NAME** Jos. Hobbs

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Cape Girardeau Mo

**15. MAIDEN NAME** Elvira Ervin

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Cape Girardeau Mo

**17. INFORMANT (ADDRESS)** Mrs L. J. Hobbs Cape Girardeau Mo

**18. BURIAL, CREMATION, OR REMOVAL PLACE** Hobbs Chapel **DATE** Feb 1st 1931

**19. UNDERTAKER (ADDRESS)** Walthys Und Co. Cape Girardeau Mo

**20. FILED** 1-31-31 W. C. Kauffman Registrar

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Jan 31 1931

**22. I HEREBY CERTIFY, That I attended deceased from** July 30 1930, to Jan 3 1931

I last saw him alive on Jan 29 1931 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:  
Cerebral Apoplexy  
80 A  
131

**Date of onset** \_\_\_\_\_

**Other contributory causes of importance:**  
Hepatitis B?

**Name of operation** None **Date of** \_\_\_\_\_

**What test confirmed diagnosis?** \_\_\_\_\_ **Was there an autopsy?** 20

**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) W. C. Kauffman, M. D.  
 (Address) Cape Girardeau Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

FEB 18 1931

