

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

22161

1. PLACE OF DEATH

County Monticau
Township Patrol Green
City Maxwell

Registration District No. 577
Primary Registration District No. 5775-

File No. _____
Registered No. 7
St. _____ Ward)

2. FULL NAME

Nancy M. Hobbs

(a) Residence. No. _____ 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>H. T. Hobbs</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 2nd 1879</u>		
7. AGE <u>57</u>	YEARS <u>—</u>	MONTHS <u>—</u>
	DAYS <u>28</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>House wife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>housework</u> (c) Name of employer _____		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monticau 1</u>		
PARENTS	10. NAME OF FATHER <u>Robert Cunningham</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia 2</u>	
	12. MAIDEN NAME OF MOTHER <u>Martha Powell</u>	
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
14. INFORMANT <u>H. T. Hobbs</u> (Address) <u>Patnam Mo</u>		
15. FILED <u>7/9</u> 19 <u>31</u> <u>J. Robertson</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

1. 1

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 30th 1931

17. I HEREBY CERTIFY, That I attended deceased from 1928 to June 20, 1931 that I last saw h. or alive on June 28, 1931, and that death occurred, on the date stated above, at 2 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes mellitus

57 (duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) L. L. Satham, M. D.
7-1 (Address) California Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Flag Springs DATE OF BURIAL July 1 1931

20. UNDERTAKER Maxwell ADDRESS Maxwell

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.

STATE DEPT. OF HEALTH WITH CHANGING NUMBERS—THIS IS A PERMANENT RECORD

