

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

Do not use this space.

22160

1. PLACE OF DEATH

County Monteau
Township Narrison
City (No.) (St.) (Ward)

Registration District No. 576
Primary Registration District No. 5725

File No.
Registered No. 5

2. FULL NAME

Isaac Taylor Jobe

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W. 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) Oct 6" 1849

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>81</u>	<u>8</u>	<u>2</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN; STATE OR COUNTRY) Monteau Co, Mo.

10. NAME OF FATHER Bart Jobe

11. BIRTHPLACE OF FATHER (CITY OR TOWN; STATE OR COUNTRY) Tenn

12. MAIDEN NAME OF MOTHER Ann Garnett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN; STATE OR COUNTRY) Tenn

14. INFORMANT (Address) C H nail Leon Mo

15. FILED 8-10-31 W. H. Burke REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-9-1931

17. I HEREBY CERTIFY, That I attended deceased from 2-4, 1930, to 6-9, 1931 that I last saw him alive on 6-8, 1931, and that death occurred, on the date stated above, at 1 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Bronchitis
92A
1025 (duration) yrs. mos. da.
CONTRIBUTORY Chronic Valvular (SECONDARY)
Heart-trouble (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 92A
IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? 92A DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H. R. Popejoy, M. D.
101, 1931 (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 High Point, Woodman DATE OF BURIAL 6/10 1931

20. UNDERTAKER Willems & Friedmeyer ADDRESS California

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.

AGE 20 1931

7910

