

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

Do not use this space.

17641

1. PLACE OF DEATH

County Gentry Registration District No. 312
Township Jackson Primary Registration District No. 4188
City King City. (No. _____) St. _____ Ward _____

File No. _____
Registered No. 8
St. _____ Ward _____

2. FULL NAME

James R. Ibson

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

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</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>Anna E. Ibson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 25, 1863.</u>		
7. AGE	YEARS	MONTHS
	<u>67</u>	<u>9</u>
		DAYS
		<u>16.</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Gen. Farming.</u>
	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) <u>Jan. 1, 1917.</u>
	11. Total time (years) spent in this occupation <u>40.</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Star, MO.

FATHER 13. NAME Joseph, Ibson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kirby Underdale, England.

MOTHER 15. MAIDEN NAME Esther, Hebden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, England.

17. INFORMANT Anna E. Ibson
(ADDRESS) King City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star, DATE 5/13/31.

19. UNDERTAKER H. D. WILSON
(ADDRESS) King City, Mo.

20. FILED May 13, 1931 A. P. Paulette
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 31; 19

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1931 to May 11, 1931
I last saw him alive on May 11, 1931. Death is said to have occurred on the date stated above, at 6:10 P.M.

The principal cause of death and related causes of importance were as follows:

apoplexy
arteriosclerosis
Date of onset 4/9/31

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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 Blackleg, M. D.

(Signed) Blackleg
(Address) King City, Mo.

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.

JUN 25 1931

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

