MAR 24 1927

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

Do not use this space.

5189

1. PLACE OF DEATH
County Jasper
Township
City Webb City
Registration District No. 417
Primary Registration District No. 556 / D
File No.
Registered No. 26
(No. ..... St. ..... Ward)

2. FULL NAME Mattie Limebeck
(a) Residence. No. Jasper County Tuberculosis Hospital
(Usual place of abode) Ward
(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: Female
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: John Limebeck

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 6, 1859

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
67	3	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Elkheart
(STATE OR COUNTRY): Indiana

PARENTS

10. NAME OF FATHER: Wm Duff
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Ind
12. MAIDEN NAME OF MOTHER: Elmira Mason
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Ins

14. INFORMANT: John Limebeck
(Address): Clinton Mo.

15. FILED 2/25, 1927 R. M. Stonecroft
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): February 25 1927

17. I HEREBY CERTIFY, That I attended deceased from April 21, 1926, to February 25, 1927 that I last saw her alive on Feb 25, 1927, and that death occurred, on the date stated above, at 2 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic pulmonary tuberculosis
31
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): unknown
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED unknown
IF NOT AT PLACE OF DEATH?
(1) DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical examination
(Signed) Vannie Halewood, M. D
T. B. Hospital
Feb 25, 1927 (Address) Webb City 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: Clinton Mo
DATE OF BURIAL: 2/27 1927

20. UNDERTAKER: Webb City Und Co
ADDRESS: Webb City

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.