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.

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

JUL 25 1927

Do not use this space.

14394

1. PLACE OF DEATH
County Butler. Registration District No. 91
Township Blackwater Primary Registration District No. 5135
City ~~Poplar Bluff~~ St. Ward)

File No.
Registered No. 19

2. FULL NAME Leonard Granville Tibbs.
(a) Residence. No. Williamville R.R. #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 M.
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~~ Mildred Merle Tibbs

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 8, 1906

7. AGE Years 21 Months 4 Days 23 If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) Wayne County
(STATE OR COUNTRY) Mo —

PARENTS
10. NAME OF FATHER Thos. Tibbs.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Sangomon County
(STATE OR COUNTRY) Ill —
12. MAIDEN NAME OF MOTHER Mandy Harper.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Caton.
(STATE OR COUNTRY) Mo —

14. INFORMANT Mrs. Mildred Tibbs.
(Address) Williamville R.R. #1.

15. FILED 6-16, 1927 Anna K. Pigg REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 31 1927

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.... that I last saw h..... alive on ....., 19...., and that death occurred, on the date stated above, at 5.25 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accident. Drown
Boat turned over.
he fell from the boat.
213D (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 182 (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) ....., M.D.
6-6, 1927 (Address) J. J. Frank, Coroner

*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. Poplar Bluff, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Malden, Mo —
DATE OF BURIAL 6/6/1927

20. UNDERTAKER J. J. Frank
ADDRESS Poplar Bluff Mo