FEB 23 1928

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

Do not use this space. 2424

1. PLACE OF DEATH
County St Louis — Registration District No. 789 — File No.
Township Central — Primary Registration District No. 6033 B — Registered No. 21
City (No. 1572 Welston Ave St. Ward)

2. FULL NAME Rebecca Sibrell
(a) Residence. No. New Haven, Mo. 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Sibrell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 4, 1848

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
79	1	22	

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

9. BIRTHPLACE (CITY OR TOWN) New Port
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER William McKeehan
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Elizabeth Davis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mississippi

14. INFORMANT Mrs Lize Greenstreet
(Address) New Haven Mo

15. FILED 1/27 1928 Tolla Bracy M.D. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 26 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1928, to Jan 26, 1928, that I last saw her alive on Jan 26, 1928, and that death occurred, on the date stated above, at 11 25 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
121
9 [illegible]
(duration) 10 or more yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Interstitial Nephritis
(duration) unknown yrs. mos. ds.

1299

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No — DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) J. A. Fisher, M. D.
1/27, 1928 (Address) 5988 Easton Av.

*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: New Haven Mo
DATE OF BURIAL: Jan 28 1928

20. UNDERTAKER: A Kron & Co
ADDRESS: 2707 N Grand Blvd

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.