

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson County  
Township Ray  
City Kansas City (No. Mary Hospital)

Registration District No. 385  
Primary Registration District No. 1002

File No. 4981  
Registered No. 641  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Milton Libbette

(a) Residence. No. 3916 Spruce 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. 16 How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M. 4. COLOR OR RACE Am. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-25-1928

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>2</u>	<u>2</u>	<u>17</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work none  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) St. Joseph Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Ray Libbette

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Ann Rinckert

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Missouri

14. INFORMANT Ray Libbette  
(Address) 3916 Spruce av,

15. FILED 11/25 29 M. M. Crowe REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 12 1928

17. I HEREBY CERTIFY, That I attended deceased from 2-10, 1928, to 2-17, 1928, that I last saw him alive on 2-10-11-30, 1928, and that death occurred, on the date stated above, at 5:30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Acute myocarditis - Pericarditis  
8803  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

**CONTRIBUTORY (SECONDARY)**

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH? \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
(Signed) H. M. Gierken M. D.

113, 1928 (Address) Argyle Bldg.  
\*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. R.C.Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Elmwood DATE OF BURIAL Feb-13 1928

20. UNDERTAKER Mrs. C. L. Forster ADDRESS R.C.Mo.

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

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.

