

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

Do not use this space.

22624

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

File No. **6853**

Township.....

Primary Registration District No. **1003**

Registered No. **6853**

City **St. Louis**

(No. **Mullanphy Hospital**)

St. .... Ward .....

**2. FULL NAME**

**George E. Tibbs**

(a) Residence. No. **Cairo Illinois** St. **11** Ward. **Cairo Ill.**

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs. mos. da.

How long in U.S., if of foreign birth?

yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

**Male**

**4. COLOR OR RACE**

**White**

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

**Single**

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

**Jan 20th 1872**

**7. AGE**

YEARS

MONTHS

DAY

If LESS than 1 day, .... hrs. or .... min.

**56**

**5**

**10**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

**Clerk.**

(b) General nature of industry, business, or establishment in which employed (or employer)

**Warehouse**

(c) Name of employer

**Cairo Forwarding Co.**

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

**Cuba**

**10. NAME OF FATHER**

**George W. Tibbs**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**Kentucky**

**12. MAIDEN NAME OF MOTHER**

**Ellen French**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**Tenn.**

**14.**

INFORMANT

(Address)

**Ernest E. Tibbs**

**3434 Olive St.**

**15.**

FILED

**111**

**-1**

**1928**

**Mar**

**1928**

**1928**

**1928**

**1928**

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

**6 - 30 1928**

**17.**

I HEREBY CERTIFY, That I attended deceased from **February 11, 1928**, to **6 - 30 - 28**, 19. that I last saw him alive on **6 - 30 - 28**, 19, and that death occurred, on the date stated above, at **7 PM**.

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

**Carcinoma of tongue with metastasis to lungs**

**CONTRIBUTORY (SECONDARY)**

**7 meters per second due to fall to the floor at home**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.

**Cairo Ill.**

DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF **March - 20**

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS?

**Clinical - Imp. - Gastric Pellets**

(Signed)

**C. M. McHenry**

M. D.

**6-30-28** (Address) **400 Metropolitan St.**

\*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**

DATE OF BURIAL

**Cairo Illinois**

**July 2nd 1928**

**20. UNDERTAKER**

ADDRESS

**Wagoner Fred G**

**3621 Olive**

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.

