

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

Do not use this space.

24304

1. PLACE OF DEATH

County Laurence
Township Aurora
City Aurora (No. 927)

Registration District No. 467
Primary Registration District No. 4280
Jefferson ave (Ward)

File No. _____
Registered No. 43

2. FULL NAME Wm Sergeant Cliburn

(a) Residence. No. 927 Jefferson Ave St. 2 Ward.
(Usual place of abode)

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Bell Cliburn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 26 - 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 5 3

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

9. BIRTHPLACE (CITY OR TOWN) Greene Co - Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER Wm Cliburn

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tenn
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Winters

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tenn
(STATE OR COUNTRY)

14. INFORMANT Bell Cliburn
(Address) Aurora Mo

15. FILED 7/30 28 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 29 1928

17. I HEREBY CERTIFY That I attended deceased from July 28, 1928, to July 29, 1928, that I last saw him alive on July 29, 1928, and that death occurred, on the date stated above, at 5 A.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Industrial laborer
33 11B
25
CONTRIBUTORY influenza (duration) 3 mos 76 ds
(SECONDARY) (duration) _____

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Microscopic
(Signed) W. H. Morrison, M. D.
, 19 (Address) Aurora 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 Maple Park DATE OF BURIAL 7/30 1928

20. UNDERTAKER King Funeral Home Aurora ADDRESS

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.

