APR 24 1929

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

Do not use this space.

10160

File No. .....

Registered No. 7

Registration District No. 284

Primary Registration District No. 5405

1. PLACE OF DEATH

County: Dunklin

Township: Freeborn

City: Clarkton (No. ..... St. ..... Ward)

2. FULL NAME: Goldie Belle Tibbs

(a) Residence. No. ..... 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. 4 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): Single

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 21-1917

7. AGE: Years 12 | Months 1 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: School girl

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

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Bro[redacted]water Mo.

PARENTS

10. NAME OF FATHER: M[redacted]t Tibbs

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

12. MAIDEN NAME OF MOTHER: [redacted]tella A. Harris

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

14. INFORMANT: David M. Harris
(Address) Clarkton Mo.

15. FILED [redacted] 3/4 19 29 J B Stemmet
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mch. 4 1929.

17. I HEREBY CERTIFY, That I attended deceased from 3-1, 1929, to 3-4, 1929 that I last saw h[redacted] alive on 3-3, 1929, and that death occurred, on the date stated above, at 7.40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Lobar pneumonia - both lungs.

10d (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) 101a

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED .....

IF NOT AT PLACE OF DEATH? .....

8 DID AN OPERATION [redacted] DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J B Stemmet, M. D

3-4, 1929 (Address) Clarkton 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: Stanfield Cemetery | DATE OF BURIAL: 3-5 1929

20. UNDERTAKER: W. L. Craig | ADDRESS: [redacted]alden

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.