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

Do not use this space.

10366

1. PLACE OF DEATH
County Grundy
Township
City Trenton (No. ..... St. ..... Ward)

Registration District No. 330
Primary Registration District No. 3017

File No. .....
Registered No. .....

2. FULL NAME Rosina Tibbetts

(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 35 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): widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Samuel Tibbetts

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 22 - 1858

7. AGE: 70 YEARS, 11 MONTHS, 0 DAYS. If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Mason Co
(STATE OR COUNTRY) ~~Maynard Co.~~ Ill

PARENTS
10. NAME OF FATHER: Daniel Westfall
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) New York
12. MAIDEN NAME OF MOTHER: Hilan Ferguson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ill.

14. INFORMANT: Mrs Ralph Lauderback
(Address) Route #1 Trenton Mo

15. FILED Mar 23, 1929 E. A. Duffy (REGISTRAR)

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 22nd 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1929, to March 22, 1929, that I last saw her alive on March 19, 1929, and that death occurred, on the date stated above, at 8:00 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
apoplexy

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

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) C H Cullers, M. D
3-23-, 1929 (Address) Trenton, 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: Edinburg
DATE OF BURIAL: Mar 24 1929

20. UNDERTAKER: Bern C Davis
ADDRESS: Trenton

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.