

MAY 23 1929

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

Do not use this space.

19104

1. PLACE OF DEATH

County Ball Co  
Township Clay  
City Catwood

Registration District No. 728  
Primary Registration District No. 5961  
(No. Ball Co, New London Road St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
Registered No. 7

2. FULL NAME

Martin V. Lebers  
(a) Residence. No. Ball Co New London Road 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sarah Jane Lebers</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 24, 1844</u>		
7. AGE YEARS <u>85</u>	MONTHS	DAYS <u>17</u>
IF LESS than 1 day, _____ hrs. or _____ min.		

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work  
Farmer  
(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)  
Ill.

PARENTS

10. NAME OF FATHER <u>Don Know</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>
12. MAIDEN NAME OF MOTHER <u>_____</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>

14. INFORMANT Mr. Otis Lebers  
(Address) Catwood, Hannibal, Mo.

15. FILED \_\_\_\_\_, 19\_\_\_\_ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-11-1929

17. I HEREBY CERTIFY, That I attended deceased from June 1st, 1929, to May 5, 1929, that I last saw her alive on May 11, 1929 and that death occurred, on the date stated above, at 9:30 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS

Chronic Nephritis

131

(duration) 2 yrs. - mos. - ds.

CONTRIBUTORY (SECONDARY)

1290

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical  
(Signed) [Signature] M. D.

May 13, 1929 (Address) Hannibal, 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  
Hidesbury Cemetery DATE OF BURIAL 5-13-1929

20. UNDERTAKER James O'Donnell ADDRESS Hannibal, Mo.

Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

SEP 15 1941

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Walls Registration District No. 728 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 596 Registered No. \_\_\_\_\_  
City London (No. Walls Co. near London Road Ward 7)

**2. FULL NAME**

Martin V Sebers  
(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 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 Sarah Jane Sebers

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
85 \_\_\_\_\_ 17

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Farmer  
(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) Ill.

10. NAME OF FATHER Don't know

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

12. MAIDEN NAME OF MOTHER \_\_\_\_\_

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

14. INFORMANT Mr. Otis Sebers  
(Address) Caterwood Hannibal Mo.

15. FILED 5-29, 19 29 Marvin Shortz  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-11 1929

17. I HEREBY CERTIFY That I attended deceased from Jan 1st 1929 to May 11 1929 that I last saw him alive only on May 11 1929 and that death occurred, on the date stated above, at \_\_\_\_\_.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic nephritis

CONTRIBUTORY (SECONDARY) 1/24/29  
(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? no

WHAT TEST CONFIRMED DIAGNOSIS clinical

(Signed) W. J. Heavens, M.D.

May 13 26 (address) Hannibal 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 DATE OF BURIAL

Hydesburg Cemetery 5-13 1929

20. UNDERTAKER ADDRESS

James O. Donald Hannibal

**SUPPLEMENTARY**

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

5-19104