

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

Do not use this space.

34218

**1. PLACE OF DEATH**

County Johnson, Registration District No. 431  
Township Warrensburg, Primary Registration District No. 3023  
City Warrensburg, (No. ....) St. .... Ward)

**2. FULL NAME** Ann Elizabeth McKibben

(a) Residence. No. 113 Grover St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE James M. McKibben

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sep. 2. 1845

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
84. 1 4

**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).....  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Brookshire  
(STATE OR COUNTRY) Kentucky,

10. NAME OF FATHER John Fronk,

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

12. MAIDEN NAME OF MOTHER Ann Ellis

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

14. INFORMANT Mrs Peter Fahe,  
(Address) Warrensburg, Mo.

15. Oct 7 1929 J. M. Patterson  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 6. 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 11 1929, to Oct 6 1929, that I last saw her alive on Oct 6 1929, and that death occurred, on the date stated above, at 1 P. m.

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

General anesthesia  
9:20 A  
70 (duration) yrs. 1 mos. 5 ds.

CONTRIBUTORY (SECONDARY) Central resurgulation  
(duration) 1 yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) L. J. Sclafani M. D.

Cent. 7. 1929 (Address) Warrensburg, 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 Otterville, Mo. DATE OF BURIAL Oct. 8 1929

20. UNDERTAKER S. R. Sweeney, Warrensburg.  
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.

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