

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

Do not use this space.

5480

MAR 27 1930

1. PLACE OF DEATH

County Johnson.
Township Warrensburg.
City..... (No....., St..... Ward)

Registration District No. 431
Primary Registration District No. 5588

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

2. FULL NAME

Mrs. Nancy Ann Bybee.

(a) Residence. No..... St..... 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 26. 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1929, to Feb 26, 1930
that I last saw her alive on Feb 23, 1930, and that death occurred, on the date stated above, at 3:30 A. M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fracture femur
Left, from fall in house

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alfred Bybee.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 27. 1850.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
79 5 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) 82 D
(c) Name of employer

CONTRIBUTORY (SECONDARY) Paralysis (duration) yrs. 1 mos. ds.
3 mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF 5

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Wm. Watterson, M. D.

2-27-1930 (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 Brethern Cemetery. **DATE OF BURIAL** Feb. 27 1930

20. UNDERTAKER R. Q. Phillips. **ADDRESS** Warrensburg, Mo.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co. Mo.

10. NAME OF FATHER Albert G. Hart.

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

12. MAIDEN NAME OF MOTHER Katherine McKeehan

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

14. INFORMANT Mrs. M. E. Tackitt.
(Address) Warrensburg, Missouri

15. FILED 3/3, 1930 Wm. Watterson
REGISTRAR

CAUSE OF DEATH in plain terms, so that it may be properly understood. Exact statement of OCCUPATION is very important.

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