APR 23 1930

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

Do not use this space.

85

7767

1. PLACE OF DEATH
County Buchanan — Registration District No. 1001 — File No.
Township — Primary Registration District No. — Registered No. 309
City St Joseph Mo (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Nina Lea Hibbs
(a) Residence. No. St., Ward. Winston, Mo.
(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: 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) January 16, 1907

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
23	1	24	

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

9. BIRTHPLACE (CITY OR TOWN) Jamison, Missouri
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Claude Hibbs
11. BIRTHPLACE OF FATHER (CITY OR TOWN) McFall
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Minnie Hit
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pown Creek
(STATE OR COUNTRY) Oklahoma

14. INFORMANT Claude Hibbs
(Address) Jamison Mo

15. FILED MAR 11 1930 19 John G. Itz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 10, 1930

17. I HEREBY CERTIFY, That I attended ~~deceased~~ Viewed on ....., 19....., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 10:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Suicide. by jumpping from Auto on Highway No. 36 and Fracturing Skull
(duration) 171 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) 173 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) B. W. Tidwell Coroner, M. D
3/11, 1930 (Address) St Joseph 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: Jamison, Mo
DATE OF BURIAL: March 12 1930

20. UNDERTAKER: Fleeman Funeral Home
ADDRESS: 1946 Calhoun

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.