

MAY 28 1930

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

Do not use this space.

13918

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City Roch

Registration District No. 1123
Primary Registration District No. 6248 B
(No. Roch, Mo.)

File No. _____
Registered No. 122
St. _____ Ward _____

2. FULL NAME

Hibbits, Jennie
(a) Residence No. 45539 Knights Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 8 mos. X ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

Female White Single

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

Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 14-1879

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

51 0 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

nil

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

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

10. NAME OF FATHER James Hibbits

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

12. MAIDEN NAME OF MOTHER Mary Scott

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

14. INFORMANT Roch Hospital
(Address) Roch, Mo

15. FILED 425, 1930 L. C. Obrock, M. D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 25 1930

17. I HEREBY CERTIFY, That I attended deceased from August 25, 1926 to April 25, 1930
that I last saw h. EN alive on April 25, 1930, and that death occurred, on the date stated above, at 3:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
22A

19-0-113 (duration) 3 yrs. 9 mos. X ds.

CONTRIBUTORY Bacter. Intestinal
(SECONDARY) (duration) X yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Unknown

(DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS El. frag. sputum

(Signed) R. H. Ehrlich, M. D.

425, 1930 (Address) Roch Hospital

*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

Doerun Mo April 27 1930

20. UNDERTAKER ADDRESS

Shepard and Co 1107 Hamilton

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.

