

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

Do not use this space.

19454

2449

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City (No. 105 West Armour Blvd.) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Ida Preble Kibbey

(a) Residence. No. 105 West Armour Blvd. 5 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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rev. Francis Marion Kibbey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 3, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 10 9

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

9. BIRTHPLACE (CITY OR TOWN) New Richmond
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER Noble Preble

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Preble County
(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Jedida Melvina Lindsay

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

14. INFORMANT Ida M. Kibbey
(Address) 105 West Armour Blvd.

15. FILED 6/12 30 M. M. Crowe
19 30 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 12 19 30

17. I HEREBY CERTIFY, That I attended deceased from May 3 1930 to June 12 1930
and that I last saw him alive on June 12 1930 and that death occurred, on the date stated above, at 11:35 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

935
130 Acute Nephritis
(duration) _____ yrs. 1 mos. _____ ds.
CONTRIBUTORY Chronic Myocarditis
(SECONDARY) (duration) many 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? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination
6/12 (Signed) C. B. Francis M. D.
(Address) 673 Craig Bldg. Kc 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 Wm. Washington Cem. DATE OF BURIAL 6/14 19 30

20. UNDERTAKER Stine & McChure ADDRESS 3235 Gillham Plaz

WHITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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Dr. C. B. Francisco,
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Vi-1642