

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

Do not use this space. *Shelton*

23585

1. PLACE OF DEATH  
 County Miller Registration District No. 5761  
 Township Saline Primary Registration District No. 4830  
 City (No. 5755) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Registered No. 50

2. FULL NAME Mary Hibdon  
 (a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 16 1840

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
89 7 \_\_\_\_\_

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Hwf - Retired  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

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

PARENTS  
 10. NAME OF FATHER Eljah P McFarland  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) not known  
 12. MAIDEN NAME OF MOTHER not known  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) not known

14. INFORMANT Ted Hibdon  
 (Address) Gravies Mills, Mo

15. FILED 7-21 1930 Bele Haynes  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1928 to 7-16, 1930 that I last saw him alive on 7-7-16, 1930, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

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

Cosmory disease  
94 R  
97

(duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) arteriosclerosis  
 (duration) 6 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? clinical  
 (Signed) E. L. Shelton, M. D.  
 \_\_\_\_\_, 19 \_\_\_\_\_ (Address) Eldon

\*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 Holt's Cemetery Morgan Co DATE OF BURIAL July 17 1930

20. UNDERTAKER W. A. Phillips ADDRESS Eldon, Mo

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.

AUG 26 1930

