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.

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

Do not use this space.

399

1. PLACE OF DEATH

County Jackson — Registration District No. 1002 — File No. 26653

Township Kaw — Primary Registration District No. — Registered No. 3256

City Kansas City, Mo (No. 5724 Central Street St. Ward)

2. FULL NAME Dr. LeRoy Dibble

(a) Residence. No. 5724 Central Street St., 8 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. mos. 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)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~XXXXXXX~~ Martha C. Dibble

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 14, 1843

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	86	7	12	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Physician

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

PARENTS

10. NAME OF FATHER Grodus

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

12. MAIDEN NAME OF MOTHER Bitsley

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

14. INFORMANT E. C. Clevland (Address) 5724 Central Street

15. FILED 8/7, 1930 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug, 6th, 1930

17. I HEREBY CERTIFY, That I attended deceased from July 26, 1930, to Aug 1st, 1930 that I last saw him alive on Aug 1st, 1930, and that death occurred, on the date stated above, at 2:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Nephritis & Senility

Chronic 131

162 (duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 129a (duration) 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) H. V. Baughman, M. D.

8/6, 1930 (Address) 1032 Prof Bldg.

*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
Freeman Receiving Vault	8/8/30 19

20. UNDERTAKER	ADDRESS
Freeman Mortuary, 104 W 42nd St.	

1032 Pacific [illegible]

12:30 - 3.