

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

Do not use this space.

OCT 28 1930

29138

1. PLACE OF DEATH 85
 County Buchanan Registration District No. _____
 Township _____ Primary Registration District No. 1001
 City St. Joseph, Mo. (No. 4007 St. Joseph Ave.) St. _____ Ward _____

2. FULL NAME High M. C. Cebellan
 (a) Residence. No. 4007 St. Joseph Ave., 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.

File No. _____
 Registered No. 988
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 7, 1872

7. AGE YEARS 58 MONTHS 1 DAYS 25 IF LESS than 1 day, _____ hrs. or _____ min.

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

9. BIRTHPLACE (CITY OR TOWN) Nashville
 (STATE OR COUNTRY) Tennessee

10. NAME OF FATHER S. W. M. Cebellan

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs. Lizzie M. Cebellan
 Address St. Joseph, Mo.

15. FILED SEP 9 1930
John G. Giff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 2 1930

17. I HEREBY CERTIFY, That I attended deceased from May 13, 1930 to Sept 2, 1930 that I last saw him alive on Sept 2, 1930, and that death occurred, on the date stated above, at 11:58 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
82 A
97 (duration) _____ yrs. _____ mos. 3 ds.

CONTRIBUTORY Arterio Sclerosis
 (SECONDARY) (duration) 1 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 Symptoms
 (Signed) J. C. Cebellan, M. D.
Sept 3, 1930 (Address) 824 Edmund St

*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 Nashville, Tenn. **DATE OF BURIAL** Sept. 3, 1930

20. UNDERTAKER Sheeman 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.

