

**BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

117

File No. 430
Registered No. 45

PLACE OF DEATH
County Anderson
Township Jasper
City Jasper

Registration District No. 5985168
Primary Registration District No. 4355

(No. _____) St. _____ Ward _____

2. FULL NAME James Ivy Hibdon
(a) Residence (Usual place of abode) No. _____ St. _____ Ward _____
(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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 15th 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
11 11 17

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(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) Candor to Mo

10. NAME OF FATHER Ivy Hibdon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Miller to Mo

12. MAIDEN NAME OF MOTHER Clara Avery

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Candor to Mo

14. INFORMANT (Address) MM Hibdon

15. FILED 19 _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 3rd 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 24 1930 to Jan 3 1931 that I last saw him alive on Jan 2 1931, and that death occurred, on the date stated above, at 12 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho Pneumonia

109 A
_____ (duration) yrs. mos. 18 ds.

CONTRIBUTORY (SECONDARY) 107 A
_____ (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 Symptoms
(Signed) S. P. Newberry M. D.

Jan 3, 1931 (Address) versailles 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 Paris Cemetery DATE OF BURIAL 1-4-1931

20. UNDERTAKER Keswick Versailles Mo ADDRESS _____

11

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNLESS THEY ARE REGISTERED IN LAW

1. PLACE OF DEATH
 County Candler Registration District No. 117 File No. 5
 Township Jasper Primary Registration District No. 5-168 Registered No. _____
 (No. _____ St. _____ Ward _____)

2. FULL NAME James Jay Hibdon
 (a) Residence No. _____ St. _____ Ward _____
 (b) (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 15 - 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
11 11 18

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

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

10. NAME OF FATHER Jay Hibdon

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

12. MAIDEN NAME OF MOTHER Lizzie Avery

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Candler Co Mo
 (STATE OR COUNTRY)

INFORMANT M. M. Hibdon
 (Address) Purvis Mo

FILED 10 Feb 1931 Lizzie Miller
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 3 1931

17. I HEREBY CERTIFY That I attended deceased from Dec 24 1930 to Jan 3 1931
 that I last saw him alive on Jan 2 1931, and that death occurred, on the date stated above, at 12 P. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Bacterial pneumonia

CONTRIBUTORY (SECONDARY) 107 W (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? Symptomatic
 (Signed) S. H. Newton M. D.
Jan 3 1931 (Address) Versailles 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 Purvis Cemetery DATE OF BURIAL 1-4 1931

20. UNDERTAKER Kidwells Versailles ADDRESS _____

