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

Do not use this space.

1924

File No. .....
Registered No. 247

1. PLACE OF DEATH
County Lawrence — Registration District No. 467
Township ~~Aurora~~ — Primary Registration District No. 4280
City Aurora (No. 207 W. Olive St. ..... Ward)

2. FULL NAME Claudie B Tribble
(a) Residence. No. 207 W. Olive 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 28-1844

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	86	2	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(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) North Carolina

PARENTS
10. NAME OF FATHER Peter Osborn
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) North Carolina
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) unknown 31

14. INFORMANT Price Tribble
(Address) Aurora Mo

15. FILED Feb 3, 1931 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan -13- 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1930, to Jan. 13, 1931 that I last saw her alive on Jan 13, 1931, and that death occurred, on the date stated above, at 1149 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Oedema
82 A
162
(duration) ..... yrs. ..... mos. 16 ds.

CONTRIBUTORY (SECONDARY) old age
(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) Thomas D. Miller, M. D.
Jan 2, 1931 (Address) Aurora, 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	DATE OF BURIAL
Maple Park Cemetery	1/17 1931
20. UNDERTAKER	ADDRESS
King Funeral Home	Aurora 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.