

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.

4415

1. PLACE OF DEATH

County North
Township Witchell
City Grant City

Registration District No. 903
Primary Registration District No. 6972

File No. _____
Registered No. 1
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Harriett Hibbs

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 8, 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
82 6 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) 11
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Adams Co.
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER Samuel Hibbs

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Adams Co.
(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Julia Ode

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Adams Co.
(STATE OR COUNTRY) Ohio

14. INFORMANT Mrs. H. C. Andrews Jr.
(Address) Grant City, Mo.

15. FILED 1/10/31 John Andrews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 8 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 7 1931 to Jan 8 1931, and that I last saw him alive on Jan 8 1931, and that death occurred, on the date stated above, at 11:00 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Tobacco Smoking,
100,
160

CONTRIBUTORY (SECONDARY) Agv

18. WHERE WAS DISEASE CONTRACTED 100
IF NOT AT PLACE OF DEATH? 100

DID AN OPERATION PRECEDE DEATH? 100 DATE OF 100

WAS THERE AN AUTOPSY? 100

WHAT TEST CONFIRMED DIAGNOSIS? Physician's findings

(Signed) J. P. Ross, M. D.

1/10, 1931 (Address) Grant City, 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

Isadorah Cemetery 1/10 1931

20. UNDERTAKER ADDRESS

Arch. C. Duffee Grant City

