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.

MAY 25 1931

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

Do not use this space.

14596

1. PLACE OF DEATH
County Jasper — Registration District No. 411 — File No.
Township — Primary Registration District No. 2002 — Registered No.
City Joplin (No. 419 N. Pearl St. Ward)

2. FULL NAME Charles C Hebbard

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary E Hebbard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 7-1850

7. AGE: YEARS 80 — MONTHS 7 — DAYS 9 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mechanical Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 269
10. Date deceased last worked at this occupation (month and year): Continuously — 11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Buffalo N.Y.

FATHER
13. NAME: Albert Hebbard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Conn

MOTHER
15. MAIDEN NAME: No record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

17. INFORMANT (ADDRESS): Charles B Hebbard

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Hope DATE: 4-20 1931

19. UNDERTAKER (ADDRESS): Hurlbut Und Co

20. FILED: 4-19 1931 A Benson Clark Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-17, 1931

22. I HEREBY CERTIFY, That I attended deceased from Apr. 15, 1931, to Apr. 17, 1931
I last saw him alive on Apr. 17, 1931. Death is said to have occurred on the date stated above, at 11:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary sclerosis —	5
94B	
162 94B	

Other contributory causes of importance: Senility

Name of operation ✓ Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Ralph L. Neff, M. D.
(Address) Joplin, Mo.