

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

Do not use this space.

34263

1. PLACE OF DEATH

County Boonville Registration District No. 372
 Township Boonville Primary Registration District No. 4218
 City Mound City (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 730

2. FULL NAME

Aphonso M Tibbels
 (a) Residence, No. _____ 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 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17 1871

7. AGE - YEARS 60 MONTHS 6 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grant City, Mo.

13. NAME Thos Q Tibbels

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Anna Holiday

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Mrs A M Tibbels (ADDRESS) Mound City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Hope DATE 10-9-31

19. UNDERTAKER Walt Crawford (ADDRESS) Mound City, Mo.

20. FILED Oct 9 - 1931 J. P. Jancy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7th 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 28, 1931, to Oct. 7, 1931
 I last saw him alive on Oct 7, 1931. Death is said to have occurred on the date stated above, at 3-A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Transverse Colon with Glandular Involvement.
46C
53E

Date of onset Sept

Other contributory causes of importance: Operated on Jan. 23-1928 for the above at Mayo Clinic at Rochester, Minnesota.

Name of operation Carcinoma Colon Date of 1-23-28
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external cause (violence), fill in also the following: no
 Accident, suicide or homicide? _____ Date of injury _____, 1931
 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? _____
 If so, specify _____

(Signed) R. P. Miller, M. D.
 (Address) Mound City, 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.

NOV 24 1931

WRITE IN PLAIN

