

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

Do not use this space.

11990

1. PLACE OF DEATH

25 County Glouster
Township Garrett
City Stewartville (No.)

Registration District No. 210999
Primary Registration District No.

File No. 7
Registered No. 4
St. Ward)

2. FULL NAME

James H. Limb
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thessie E. Limb</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 2 1855</u>		
7. AGE	YEARS	MONTHS
<u>77</u>	<u>0</u>	<u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation <u>Life</u>
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) <u>April 9</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Quincy Ill</u> <u>Adams Ill</u>		
13. NAME <u>Joseph Limb</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>		
15. MAIDEN NAME <u>Cynthia E. Hughes</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
17. INFORMANT (ADDRESS) <u>Chas Limb</u> <u>Stewartville Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stewartville</u> DATE <u>Apr. 14</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>F. G. Lyon</u> <u>Stewartville Mo.</u>		
20. FILED <u>Apr. 12</u> 19 <u>32</u> <u>J. Johnston</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-12-1932

22. I HEREBY CERTIFY, That I attended deceased Apr. 11- 1932 to Apr. 11- 1932
I last saw him alive on Apr. 11- 1932 Death is said to have occurred on the date stated above, at 3. P. M.
The principal cause of death and related causes of importance were as follows:
Lobar pneumonia
Operative
Date of onset Apr 10th 1932

Other contributory causes of importance:
3

Name of operation Mastoid Date of 4/3 32
What test confirmed diagnosis? 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 U. S. Brown D. O., M. D.
(Signed) Stewartville, Mo.
(Address)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 28 1932

V. G. NO. 2.

