

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

Do not use this space.

30420

1. PLACE OF DEATH

County..... Registration District No.
Township..... Primary Registration District No.
City St. Louis (No. Mo Baptist Hospital St. Ward)

2. FULL NAME

(a) Residence, No. St. 12 Ward. Jackson Mo
(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 <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Shaba Limbaugh</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 3 - 1858</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>X</u>
	DAYS <u>X</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	<u>131</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>92</u>	<u>90</u>
	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) <u>Mo</u> <u>1</u>		
FATHER	13. NAME <u>Daniel Limbaugh</u>	<u>2</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>	
MOTHER	15. MAIDEN NAME <u>Delisha Shell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>	
17. INFORMANT <u>Dr. D. T. Seabaugh</u>		
(ADDRESS) <u>Jackson Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>Jackson Mo</u>	DATE <u>9-6-33</u>
19. UNDERTAKER <u>M. E. Combs Und.</u>		
(ADDRESS) <u>Jackson Mo</u>		
20. FILED <u>SEP - 18 1933</u> <u>W. E. Hartney</u> Registrar		

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3 1932

22. I HEREBY CERTIFY, That I attended deceased from 81 — —, 1932 to 9-3 — —, 1932

I last saw h. alive on 9-3 — —, 1932 Death is said to have occurred on the date stated above, at 6 P. m.

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

Chronic Valvular Disease Date of onset

Myocarditis

Pericarditis

Apoplexy

Chronic

Other contributory causes of importance:

Chronic Valvular Dis.

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

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?.....

If so, specify.....

(Signed) R. K. Adams M. D.

(Address) Wall Bldg

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.

