

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

Do not use this space.

1. PLACE OF DEATH

14 County Callaway
2 Township
7 City Fulton (No. _____)

Registration District No. 104
Primary Registration District No. 3008

File No. 38685
Registered No. 244
St. _____ Ward)

2. FULL NAME

(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>negro</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>Mary</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb 3rd 1898</u>		
7. AGE	YEARS	MONTHS
	<u>34</u>	<u>10</u>
		DAYS
		<u>14</u>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>Labores</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>2nd</u>		
(c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) <u>Fulton</u> (STATE OR COUNTRY) <u>Mo.</u>		
PARENTS	10. NAME OF FATHER <u>Edward Kibby</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	12. MAIDEN NAME OF MOTHER <u>Kittie Johnson</u>	
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
14. INFORMANT <u>Mrs Mary Kibby</u> (Address) <u>Fulton, Mo</u>		
15. FILED <u>Dec 19, 1932</u> <u>R. N. Creese</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-17 1932

17. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1932, to Dec 17, 1932 that I last saw alive on Oct 7, 1932 and that death occurred, on the date stated above, at 7:10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
23A (duration) yrs. 10 mos. ds.

CONTRIBUTORY (SECONDARY) 23 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
8 IF NOT AT PLACE OF DEATH. 1
DID AN OPERATION PRECEDE DEATH? DATE OF 1
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS Autopsy
(Signed) W. H. Ferguson, M. D.
, 19 32 (Address) Fulton 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 Southside Cemetery DATE OF BURIAL 12-19 1932

20. UNDERTAKER Eli Bell ADDRESS Fulton 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.

JAN 22 1933

