

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

Do not use this space.

43054

1. PLACE OF DEATH

113 County Worth
Township Middlefork
City Franklin City (No.)

Registration District No. 111 2
Primary Registration District No. 6213

File No.
Registered No.
St. Ward

2. FULL NAME

(a) Residence. No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 14 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 Ettie Librey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 27, 1861

7. AGE YEARS 71 MONTHS 1 DAYS 5 If LESS than 1 day, hrs. min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. farmer
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) George Town
(STATE OR COUNTRY) Alabama

10. NAME OF FATHER John W. Librey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mayville
(STATE OR COUNTRY) Alabama

12. MAIDEN NAME OF MOTHER Josephine Scott

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Virginia
(STATE OR COUNTRY)

14. INFORMANT Mathie Librey
(Address) Franklin City, Mo.

15. FILED 145 19 32 A. Chace
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 2 1932

HEREBY CERTIFY, That I attended deceased from Jan 1832 to Dec 2 1932
that I last saw him alive on Dec 1 1932, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Causing of
myocard
46 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 46 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF Aug 1932

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Post mortem

(Signed) P. J. R. R. M. D.
19 (Address) Franklin City, 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 Franklin City Cem. DATE OF BURIAL 12/4 1932

20. UNDERTAKER Arch C. Dumble ADDRESS Franklin 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.

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

JAN 5 1933

