

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

Do not use this space.

1072

**1. PLACE OF DEATH**

39 County Greene Registration District No. 321 File No. 21  
Township Washington Primary Registration District No. 5445 Registered No. \_\_\_\_\_  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Jacob Newton Filbeck  
(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>Gertrude Filbeck</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 18, 1850</u>		
7. AGE YEARS <u>82</u>	MONTHS	DAYS <u>27</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>	
	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) <u>Greene Co. Mo.</u>		
MOTHER FATHER	13. NAME <u>Amos Filbeck</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>	
	15. MAIDEN NAME <u>Millie Eberly</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>		
17. INFORMANT <u>Will Filbeck #3</u> (ADDRESS) <u>Springfield Mo. R#3</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Nodson</u> DATE <u>Jan. 12, 1933</u>		
19. UNDERTAKER <u>Kelley &amp; Ferrell</u> (ADDRESS) <u>Highway 11, Mo.</u>		
20. FILED <u>March 9, 1933</u> <u>Mo. S. C. Proctor</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1933, to Jan. 12, 1933  
I last saw him alive on Jan. 9, 1933 Death is said to have occurred on the date stated above, at 3:00 a.m.  
The principal cause of death and related causes of importance were as follows:  
Apoplexy.  
Arterio-sclerosis  
Date of onset 1/9/33

Other contributory causes of importance:  
Arterio-sclerosis

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Ray D. Callaway, M. D.  
(Address) Springfield 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.

