

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.

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

Do not use this space.

1. PLACE OF DEATH

57 County Lincoln
Township Millwood
City (No. _____)

Registration District No. 480
Primary Registration District No. 5652

File No. 2215
Registered No. 1
St. _____ Ward _____

2. FULL NAME

Mary Cecilia Bibb
(a) Residence, No. _____ St. _____ Ward _____
(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>Female</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>James A. Bibb</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 20-1891</u>		
7. AGE YEARS <u>41</u>	MONTHS <u>11</u>	DAYS <u>12</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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>Dec. 30-1933</u>		
11. Total time (years) spent in this occupation <u>12 yrs.</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lincoln Co. Mo.</u>		
13. NAME <u>Charles Bowles</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Charles, Missouri</u>		
15. MAIDEN NAME <u>Mary Ryan</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lincoln Co. Missouri</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Charles Bowles, Siles Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Millwood</u> DATE <u>Jan-5-1934</u>		
19. UNDERTAKER (ADDRESS) <u>William Hummel, Siles Mo.</u>		
20. FILED <u>1-4-1933</u> <u>C. H. Dameron</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 2, 1933

22. I HEREBY CERTIFY That I attended deceased from Dec-31-1932 to Jan-2-1933
I last saw h. alive on January 2, 1933 Death is said to have occurred on the date stated above, at 11:45 a.m.
The principal cause of death and related causes of importance were as follows:
Dacrylo-lobar pneumonia.
Influenza.
Other contributory causes of importance:
11A
11B
11C
11D

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? No
If so, specify _____
(Signed) A. B. Dameron, M. D.
(Address) Siles Mo.

MAY 23 1946

MAY 23 1946

JAN 14 1958