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

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
County Jackson — Registration District No. 395 — File No. 9667
Township Kaw — Primary Registration District No. 1003 — Registered No. 1271
City Kansas City (No. 3823 Penn St. Ward)

2. FULL NAME Mrs Maude White Hibbard
(a) Residence, No. 3823 Penn St., Ward. (If nonresident, give city or town and State)
(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: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jos. Fenton Hibbard
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 11 - 1866
7. AGE: YEARS 66 — MONTHS 4 — DAYS 4 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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): Penn

FATHER
13. NAME: John M. White
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Matilda
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn

17. INFORMANT (ADDRESS): Jos. Fenton Hibbard 3823 Penn
18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Mar 17 1933
19. UNDERTAKER (ADDRESS): Eylar Funeral Home 1800 Linwood
20. FILED Mch 16 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH Wednes

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 15, 1933
22. I HEREBY CERTIFY, That I attended deceased from 12-2, 1932, to Feb 6, 1933
I last saw her alive on Feb 6, 1933. Death is said to have occurred on the date stated above, at 10 a m.
The principal cause of death and related causes of importance were as follows:

Chronic Cystitis
Due to Bacillus
Salmonella
infection

Date of onset

Other contributory causes of importance:
1350 1353

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Microscopy 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) W. P. Miller, M. D.
(Address) 8 K. Argyle