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.

MAY 22 1933

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

Do not use this space.

12311

1. PLACE OF DEATH

County Bates Co.

Township West Point

City Amsterdam

Registration District No. 49

Primary Registration District No. 5073

File No.

Registered No.

(No. ..... St. ..... Ward)

2. FULL NAME Catherine B. Hibbard

(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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Hibbard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 22 1846

7. AGE: YEARS 86 | MONTHS 5 | DAYS II | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

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): Ill.

FATHER

13. NAME: Unk Bartmus

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind

MOTHER

15. MAIDEN NAME: Unk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk

17. INFORMANT (ADDRESS): Mrs Lulu Wade Amsterdam Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Sway Back Kans DATE: 4-4-33, 19

19. UNDERTAKER (ADDRESS): Archer & Mangold Amsterdam Mo.

20. FILED 4-4-33, 19 L. A. Mangold Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 3 -, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 29 -, 1933, to April 3 -, 1933

I last saw her alive on April 2 -, 1933. Death is said to have occurred on the date stated above, at 1:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-1-33
186A	
194B	
82A	

Other contributory causes of importance:

Fracture of Rt. Hip.

Name of operation: (0) Date of: —

What test confirmed diagnosis? Clinical Was there an autopsy? —

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: Fall

Nature of injury: Fracture R. Hip

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. G. Clarke M.D., M. D.

(Address) La Cygne Kansas