

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

Do not use this space.

13948

**1. PLACE OF DEATH**

County Mississippi  
Township Franklin  
City Charleston (No. \_\_\_\_\_)

Registration District No. 566  
Primary Registration District No. 3030

File No. \_\_\_\_\_  
Registered No. 49  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**4. FULL NAME**

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 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 Harriet Hibbitte

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 16, 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
79 3 21

**8. OCCUPATION OF DECEASED**

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

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Knoxbury, Mo.

PARENTS

10. NAME OF FATHER Wm. Hibbitte

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Knoxbury, Mo.

12. MAIDEN NAME OF MOTHER Martha Jacobs

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

14. INFORMANT Mrs. J. L. Hibbitte  
(Address) Charleston, Mo.

15. June 19, 1933 J. J. Brown  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

6:15 P.M.

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-18 1933

17. I HEREBY CERTIFY, That I attended deceased from March 9<sup>th</sup> 1933 to April 18 1933 that I last saw him alive on April 18, 1933, and that death occurred, on the date stated above, at 6:15 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Distention of heart  
9:10 (duration) yrs. 2 mos. ds.  
CONTRIBUTORY None known  
(SECONDARY) (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH, NO DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY NO

WHAT TEST CONFIRMED DIAGNOSIS? clinical symptoms

(Signed) A. M. Chapman, M. D.

, 19 (Address) Charleston, 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**

Oak Grove Cemetery DATE OF BURIAL 4-20 1933

**20. UNDERTAKER**

Geo. C. Brown ADDRESS Charleston

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

