

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

Do not use this space.

1. PLACE OF DEATH

11 County Buchanan
5 Township Washington
1 City Saint Joseph (No. 1309 South 19th St)

Registration District No. 85
Primary Registration District No. 1003

File No. 18983
Registered No. 639
St. _____ Ward _____

2. FULL NAME

(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. (If nonresident, give city or town and State)

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 → J. M. Sharp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15, 1855

7. AGE YEARS 77 MONTHS 11 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 46
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 118

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ridgway County Missouri

MOTHER FATHER 13. NAME Richard Bibb

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Virginia

15. MAIDEN NAME Almira Bibb

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Virginia

17. INFORMANT (ADDRESS) Mrs. J. H. Pumphrey 2910 Sylvan St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Vetsmore, Kans DATE June 24, 1933

19. UNDERTAKER (ADDRESS) E. R. Sidenfaden 602 South 16th Street

20. FILED 6-22-33, 1933 John R. Bender, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1938 to June 21, 1933. I last saw h. er alive on June 20, 1933. Death is said to have occurred on the date stated above, at 1:30 P.M.. The principal cause of death and related causes of importance were as follows:

Carcinoma Pancreas
& Pyloric Stenosis
Other contributory causes of importance: 46

Date of onset July 1933

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? NO
If so, specify _____
(Signed) Gordon D. Wright, M. D.
(Address) 845 - Os. 19th St. Ok. Mo.

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.

JUL 20 1933

MARGIN RESERVED FOR BINDING

V. S. NO. 2

