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

Do not use this space.

24601

File No. 5991

Registered No.

1. PLACE OF DEATH
County St Louis
Township
City St Louis (No. Peoples Hospital St. Ward)
Registration District No. 791
Primary Registration District No. 1003

2. FULL NAME Leander Kibby
(a) Residence, No. 3718 Cook St., 11 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.

AUG 28

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Color
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 26 - 1892
7. AGE: Years 41 Months 2 Days 8 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chaffer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Johnson Stores Co.
10. Date deceased last worked at this occupation (month and year) 1931
11. Total time (years) spent in this occupation 19

12. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) Mo

FATHER
13. NAME Geo. Kibby
14. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Rosie Brown
16. BIRTHPLACE (CITY OR TOWN) Fairmont (STATE OR COUNTRY) Ky

17. INFORMANT Ed Kibby (ADDRESS) 1226 Geyer S Boston

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jefferson Barracks DATE 7/5 1933

19. UNDERTAKER G. O. Richardson (ADDRESS) 6600 Gravois

20. FILED JUL 6 1933 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1933 to July 4, 1933
I last saw him alive on July 4, 1933 Death is said to have occurred on the date stated above, at 6 A.m.,
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat Prostration	
1	
2	565

Other contributory causes of importance:
Acute Parenchymatous Nephritis

Name of operation ✓ Date of
What test confirmed diagnosis? Symptoms 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) E. B. Key, M. D.
(Address) 1 S. Compton

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.