

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.

31866

1. PLACE OF DEATH

County Saline
Township Grand Pass
City _____ (No. _____)

Registration District No. 795
Primary Registration District No. 6038

File No. _____
Registered No. 13 St. _____ Ward)

2. FULL NAME

(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 m 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) Eizabeth Hibbard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-14-1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
86 9 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Williams Co. Ohio (STATE OR COUNTRY)

13. NAME Samuel M. Hibbard

14. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY)

15. MAIDEN NAME Betsy Garrick

16. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY)

17. INFORMANT Mrs. S. J. Mead (ADDRESS) State, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Waverly Mo. DATE 9-3 1933

19. UNDERTAKER Hill Brothers (ADDRESS) State Mo.

20. FILED 9-1- 1933 Dr. Peter Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-1 1933

22. I HEREBY CERTIFY That I attended deceased from Aug. 30 1933 to Sept. 1st 1933.

I last saw him alive on Sept. 1 1933. Death is said to have occurred on the date stated above, at 9 a.m.

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

Myocarditis Date of onset 8-30-33

Other contributory causes of importance: ASD ASD

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical findings 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) A. F. Brown M. D.
(Address) Mallet Bend. Mo.

