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

Do not use this space.

35534

1. PLACE OF DEATH
County: Adair — Registration District No.: 4
Township: — Primary Registration District No.: 3001
City: Kirksville (No. ..... St. ..... Ward)

File No. ..... Registered No.: 203

2. FULL NAME: James Monroe Kibler
(a) Residence, No. Novinger Mo RFD. St., ... Ward. Novinger, Mo. R.F.D.
(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.

JAN 8 1934

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Lenna Lee Kibler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10-21-1865

7. AGE: Years 68 — Months 0 — Days 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) (STATE OR COUNTRY): Virginia

FATHER
13. NAME: William T. Kibler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER
15. MAIDEN NAME: Lucinda Otto
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT: Lenna Lee Kibler
(ADDRESS) Novinger RFD.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Stone Point DATE: 11-15-1933

19. UNDERTAKER: Dee Riley
(ADDRESS) Kirksville Mo

20. FILED: Nov. 24, 1933 Spencer Freeman
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1931, to June 27, 1931
I last saw him alive on June 27, 1931. Death is said to have occurred on the date stated above, at Nov 12 at 5:15 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
94A Instant death	
97	
120B	

Other contributory causes of importance:
Colitis, Intestinal Autointoxication
Arterio-Sclerosis

Name of operation: none — Date of:
What test confirmed diagnosis: Past history — 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?
If so, specify
(Signed) Roy M. Wolf D.O. M.D.
(Address) Kirksville Mo