

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

Do not use this space.

40438

1. PLACE OF DEATH

County Gasconade
Township Gasconade
City Gasconade

Registration District No. 409
Primary Registration District No. 5303B

File No.
Registered No. 27 St. Ward)

2. FULL NAME

Benjamin F Nibarger

(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 <u>M</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ella Nibarger</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 16 1871</u>		
7. AGE <u>62</u>	YEARS <u>1</u>	MONTHS <u>19</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labourer</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Des Moines Ia</u>		
13. NAME <u>no record</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
15. MAIDEN NAME		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no record</u>		
17. INFORMANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL <u>Carterville Ia</u> DATE <u>12-7-33</u>		
19. UNDERTAKER (ADDRESS) <u>Shurley and Co Gasconade Mo</u>		
20. FILED <u>11-6</u> 19 <u>33</u> <u>P. M. Keadle</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5, 33

22. I HEREBY CERTIFY, That I attended deceased from 6-13, 1933, to 12-5, 1933
I last saw her alive on 12-5, 1933 Death is said to have occurred on the date stated above, at 7:20 p.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Liver
46
Other contributory causes of importance: 46

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) J. L. Webb M. D.
(Address) Webb City Mo

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 OCCUPATIONS is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

49
1934

2332
2
31
31

