FEB 7 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.

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

Do not use this space.

1055

1. PLACE OF DEATH
County Jackson — Registration District No. 341 — File No.
Township ~~Kaw~~ — Primary Registration District No. — Registered No. 26
City Kansas City (No. 3945 Central St. — Ward)

2. FULL NAME James Milton Tibbals
(a) Residence, No. 3945 Central St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Widowed |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ----------

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7th. 1865.

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 68 | 10 | 26 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electrical Engineer
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) Michigan

FATHER
13. NAME James H. Tibbals
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

MOTHER
15. MAIDEN NAME Mary Ann Paxson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Mrs. H. H. Hilfinger
(ADDRESS) 3945 Central. K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE 1/5/34 19

19. UNDERTAKER The Freeman Mortuary
(ADDRESS) Kansas City Mo.

20. FILED Jan 3 1934 M. M. Crowe Asst Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3rd. 34 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1933, to Jan 3 —, 1934
I last saw him alive on Jan 1 —, 1934 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 |
|---|---|
| Secondary. Cancer of Liver 46D 46E | |

Other contributory causes of importance: Cancer, Recto-Sigmoid Junction, Colon —

Name of operation Colostomy Date of Oct 23, 33
What test confirmed diagnosis? X Ray 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) C D Cantrell, M. D.
(Address) 810 Argyle Bld

Dr. Cyrus Canfield.
Argyle Bldg.
Ka. 0147
2 - 5