FEB 27 1934

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

Do not use this space.

2032

1. PLACE OF DEATH

74

County Nodaway Co. Registration District No. 627 File No.

Township Union Primary Registration District No. 5829 Registered No.

City (No. , St. Ward)

2. FULL NAME John Abner Tibbetts

(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: 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: Melvina Puett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 18, 1862

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
71	4	29	

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): Nodaway Co., Mo.

FATHER

13. NAME: Jefferson Tibbetts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Emaline Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs Melvina Tibbetts

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lamar Cemetery DATE Jan 19th 1934

19. UNDERTAKER (ADDRESS): Price Furniture Co. Maryville, Mo.

20. FILED Jan 19 1934 Mrs. W. C. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 17th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1933 to Jan. 17, 1934

I last saw him alive on Jan., 1934 Death is said to have occurred on the date stated above, at 5 p m.

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

Chronic Brights disease

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Date of onset

Other contributory causes of importance:

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) Hiram Day, M. D.

(Address) Maryville

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.