

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.

JUL 16 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County HowardRegistration District No. 378File No. 24283Township JayettePrimary Registration District No. 4222Registered No. 5-1City Jayette (No.)St. Ward

2. FULL NAME

Coleman Bullard Kibler(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>Male</u>	4. COLOR OR RACE <u>White</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>Mina M. Kibler</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 15, 1856</u>		
7. AGE	YEARS	MONTHS
	<u>77</u>	<u>11</u>
		<u>13</u>
8. Trade, profession, or particular kind of work done, as splines, sawyer, bookkeeper, etc. <u>Life Insurance</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>N. Y. Life</u>		
10. Date deceased last worked at this occupation (month and year) <u> </u>		
11. Total time (years) spent in this occupation <u>30</u>		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Newbern Va</u>
13. NAME	<u>Phillip Kibler</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Penn</u>
15. MAIDEN NAME	<u>Lucy Ann Dudley</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Va</u>
17. INFORMANT (ADDRESS)	<u>Mrs R K Fields Jayette, Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Arrow Rock Mo</u>
19. UNDERTAKER (ADDRESS)	<u>Quindier Mortuary Marshfield Mo</u>
20. FILED	<u>July 20, 1934 V. C. Bonhair Registrar.</u>

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>July 18</u>	<u>1934</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>June 20th</u> , 1934, to <u>July 18th</u> , 1934.		
I last saw him alive on <u>July 18</u> , 1934. Death is said to have occurred on the date stated above, at <u>12:50 p.m.</u>		
The principal cause of death and related causes of importance were as follows:		
<u>Coronary Hemorrhage</u>		
<u>Complicated by arteriosclerosis and High Blood Pressure</u>		
Other contributory causes of importance <u>102-8221</u>		
Name of operation	<u>none</u>	Date of
What test confirmed diagnosis?	<u> </u>	Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:		
Accident, suicide, or homicide?	<u> </u>	Date of injury
Where did injury occur?	<u> </u>	(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.		
Manner of injury	<u> </u>	
Nature of injury	<u> </u>	
24. Was disease or injury in any way related to occupation of deceased? <u>NO</u>		
If so, specify <u>Berry Rindge D.O.</u>		
(Signed)	<u>Jayette Mo.</u>	
(Address)	<u> </u>	

