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.

SEP 19 1934

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

Do not use this space.

31584

1. PLACE OF DEATH

97 County Saline — Registration District No. 793

2 Township ~~Elmwood~~ — Primary Registration District No. 4474

1 City Blackburn (No. ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Bruce Tibb

(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 Black

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 2 1850

7. AGE YEARS 80 MONTHS DAYS 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

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) Salt Pond Mo

FATHER

13. NAME Wm Tibb

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER

15. MAIDEN NAME Harriett Zacka

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs Beulah Buford Mt Leonard Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Salt Pond DATE 8/23/34

19. UNDERTAKER (ADDRESS) Hoefer & Meinershagen Blackburn Mo

20. FILED 8/23 1934 Minnie Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1933, to Aug 22, 1934

I last saw him alive on Aug 22, 1934. Death is said to have occurred on the date stated above, at 12.15 P. m.

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

	Date of onset
Cancer of Liver	about 1932
46E	

Other contributory causes of importance: 46

Name of operation none Date of —

What test confirmed diagnosis? Clinical 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) L. S. James, M. D.

(Address) Blackburn, Mo.