

NOV 8 1934

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

Do not use this space.

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.

File No. 32354

1. PLACE OF DEATH  
County Crawford Registration District No. 234  
Township Orkhill Primary Registration District No. 5319  
City (No. 5319) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Clark Barr Libhart

(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

MEDICAL CERTIFICATE OF DEATH

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>Mrs. Ellen Bacon</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-31-1861</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>1</u>
	DAYS <u>23</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>May 1934</u>	
	11. Total time (years) spent in this occupation <u>34 years</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Reading Penn.</u>		
MOTHER	13. NAME <u>William Henry Libhart</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>	
	15. MAIDEN NAME <u>Sarah Jane Barr</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT <u>Roy Libhart</u> (ADDRESS) <u>Happen mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Grace Cemetery</u> DATE <u>9-28-34</u>		
19. UNDERTAKER <u>Hallen</u> (ADDRESS) <u>Cuba mo.</u>		
20. FILED <u>9/25</u> 19 <u>34</u> <u>Sam. C. Bayless</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-24 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1934, to Sep 24 1934  
I last saw him alive on Sep 24 1934. Death is said to have occurred on the date stated above, at 11:40 p.m.

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

Date of onset 12/1/33

Other contributory causes of importance: 930

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? No  
If so, specify \_\_\_\_\_ (Signed) Dr. W. P. Reed, M. D.  
(Address) Steelville Mrs

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