

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

Do not use this space.

DEC 20 1934

41628

1. PLACE OF DEATH

County Scott
Township Richland
City (No. _____) _____ St. _____ Ward _____

Registration District No. 821
Primary Registration District No. 6070

File No. _____
Registered No. _____

2. FULL NAME Franklin Limbaugh

(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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF do not know

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 4 - 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
86 23

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) 1909 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Mo

FATHER 13. NAME John Limbaugh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callender Mo

MOTHER 15. MAIDEN NAME Barbara Mauser

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Mo

17. INFORMANT George F. Limbaugh (ADDRESS) Liberty Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE Nov. 28, 1934

19. UNDERTAKER (ADDRESS) H. J. Phelps

20. FILED 12/1/34 19 W. H. Presnell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1934 to Nov 27, 1934

I last saw him alive on Nov 26, 1934. Death is said to have occurred on the date stated above, at 3 A m.

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

Senile Debility
Nov 17 1934

Other contributory causes of importance: none

Name of operation _____ 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) W. H. Presnell, M. D.
(Address) Liberty, Mo

