

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

Do not use this space.

FEB 18 1935

91

1. PLACE OF DEATH

County BARRY
Township EXETER
City EXETER (No., St. Ward)

Registration District No. 34
Primary Registration District No. 6239

File No.
Registered No. 1

2. FULL NAME ROBERT HAYWOOD BIBB

(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 88 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>WIDOWED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary E. Bibb</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept-24-1846</u>		
7. AGE	YEARS <u>88</u>	MONTHS <u>3</u>
	DAYS <u>21</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Thresherman</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)	11. Total time (years) spent in this occupation. <u>45</u> yrs.

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

13. NAME D. K.

14. BIRTHPLACE (CITY OR TOWN) D. K.
(STATE OR COUNTRY)

15. MAIDEN NAME Eliza Brattin

16. BIRTHPLACE (CITY OR TOWN) D. K.
(STATE OR COUNTRY) Tenn

17. INFORMANT J. M. Bibb
(ADDRESS) Exeter Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Vinyard Cemetery DATE Jan -16-35

19. UNDERTAKER Barrett & Sons
(ADDRESS) Exeter Mo.

20. FILED Jan 16, 1935 Mrs. H. P. Sealey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-15, 1935

22. I HEREBY CERTIFY, That I attended deceased from JAN 5, 1935, to JAN 15, 1935
I last saw h. 1 M alive on 1-15, 1935 Death is said to have occurred on the date stated above, at 8:30 P. m.

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

CEREBRAL HEMORRHAGE Date of onset 1-

Other contributory causes of importance:

ARTERIOSCLEROSIS
HYPERTENSION

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) L. J. Taylor, M. D.

(Address) Exeter Missouri

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.

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