

MAY 29 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

13455

1. PLACE OF DEATH

County Lincoln
 Township Millwood
 City _____ (No. _____ St. _____ Ward _____)

Registration District No. 490
 Primary Registration District No. 5657

File No. _____
 Registered No. 3

2. FULL NAME

(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

Female

4. COLOR OR RACE

White

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

widowed

6. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFDouglas Scott Bibb

7. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Mar 12 1861

8. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

7419

OCCUPATION

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

Housekeeping

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)

April 1935

11. Total time (years) spent in this occupation

40 years

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

New York

13. NAME

Philip Scott

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

Ireland

15. MAIDEN NAME

Rosie Foley

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

Ireland

17. INFORMANT (ADDRESS)

James Bibb
Barro, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Millwood Cemetery DATE April 22 1935

19. UNDERTAKER (ADDRESS)

Clifton Miller
Barro, Mo.

20. FILED

4-22-1935O. H. Dannon
Registrar

MEDICAL CERTIFICATE OF DEATH

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

April 21 1935

22. I HEREBY CERTIFY, That I attended deceased from

April 21 1935 to April 21 1935I last saw him alive on April 20 1935. Death is said to have occurred on the date stated above, at 6 A. m.

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

Date of onset

Cerebral Hemorrhage
April 21 1935

Other contributory causes of importance

Arterio-scleroticName of operation none Date of findingWhat 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?

If so, specify

(Signed) O. H. Dannon, M. D.(Address) Barro, Mo.

WHITE 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.

1. [Illegible text]

2. [Illegible text]

3. [Illegible text]

4. [Illegible text]

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100. [Illegible text]