MAR 19 1936

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

Do not use this space.

6327

1. PLACE OF DEATH
County Jackson — Registration District No. 400 — File No.
Township — Primary Registration District No. 5553B — Registered No. 28
City Little Blue Mo Jackson County Home (If not in city or town, ward)

2. FULL NAME Sibbie Howard
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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: Fe
4. COLOR OR RACE: negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Dont Know
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unk.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unk.
7. AGE: Abt — YEARS: 48 — MONTHS: — DAYS: — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: unemployed
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): Kentucky

FATHER
13. NAME: Dont Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

MOTHER
15. MAIDEN NAME: Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT (ADDRESS): County Home Records Little Blue Mo
18. BURIAL, CREMATION, OR REMOVAL: Western Dental College 2-19-36
19. UNDERTAKER (ADDRESS): Flynn & Greenstreet KC Mo
20. FILED Feb 18 1936 William T. Fields Registrar.

MEDICAL CERTIFICATE OF DEATH 2:30 P.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-12-36, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1936, to Feb 12, 1936
I last saw her alive on Feb 12, 1936 Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic & Mitral Insufficiency	

Other contributory causes of importance:

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Phys. Exam. Was there an autopsy? Yes

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) L. W. Booker, M. D.
(Address) 2028 Vine St.

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.