

JUL 21 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

22676

1. PLACE OF DEATH

County Howard.Registration District No. 878Township Fayette,Primary Registration District No. 4222City (No.)File No. Registered No. 44St. Ward

2. FULL NAME

Alexander Lewis 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

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

Whitem

5. SINGLE, MARRIED, WIDOWED, OR

Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFStella Bibb,

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

7. AGE
75

YEARS

MONTHS
7DAYS
17If LESS than 1
day, hrs.
or min. 8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Farmer.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)Missouri,

13. NAME

John Q Bibb,14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Virginia,

15. MAIDEN NAME

Elizabeth Woods,16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)MissouriStella Bibb,17. INFORMANT
(ADDRESS)Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE GlassboroDATE 6.29th 193619. UNDERTAKER
(ADDRESS)Guy T. Halley,
Fayette, Mo.

20. FILED

July 8 1936 V. Q. Bonham
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/27th 1936

22. I HEREBY CERTIFY, That I attended deceased from

2-10, 1934 to 6-27, 1936I last saw him alive on 6-26, 1936 Death is saidto have occurred on the date stated above, at 5:30 p.m.

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

Cardio-Vascular-Renal Disease Date of onset 1934

Other contributory causes of importance:

Hemiplegia5-1-36Name of operation NoneDate of operation What test confirmed diagnosis? None 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? hIf so, specify (Signed) wa Blum(Address) Fayette Mo

, M. D.

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.

