

OCT 1 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

33492

1. PLACE OF DEATH

County North
 Township Wetzel
 City Wetzel (No. 1)

Registration District No. 903
 Primary Registration District No. 4545

File No.
 Registered No.
 St. Ward)

2. FULL NAME

(a) Residence, No. Mary E. Libney St., Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------|
| 3. SEX <u>M.</u> | 4. COLOR OR RACE <u>W.</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>John W. Libney</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 30 1856</u> | | |
| 7. AGE <u>80</u> | YEARS <u>4</u> | MONTHS <u>18</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u> | | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Wife</u> |
| 10. Date deceased last worked at this occupation (month and year) | | 11. Total time (years) spent in this occupation |

OCCUPATION

MOTHER FATHER

MOTHER FATHER

MOTHER FATHER

MOTHER FATHER

MOTHER FATHER

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18 1936
 22. I HEREBY CERTIFY, That I attended deceased from Jan 36 to Aug 18 1936
 I last saw him alive on Aug 18 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:
Mitral regurgitation
gout

Other contributory causes of importance:
Chronic heart disease
neuralgia
20

Name of operation None Date of None
 What test confirmed diagnosis None Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide None Date of injury None, 1936
 Where did injury occur? None
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify None
 (Signed) R. J. Kass M. D.
 (Address) Wetzel, Mo.

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.

