

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

Do not use this space.

MAY 21 1937

1. PLACE OF DEATH

4th County Jasper Registration District No. 417
 11 Township Hebb City Primary Registration District No. 3031
 7 City Hebb City (No. Hebb City Cemetery) Registered No. 43
 St. _____ Ward _____

File No. 16702

2. FULL NAME

(a) Residence, No. 200 N. Main Eastville, Mo. Ward 1
 (Usual place of abode)

Length of residence in city or town where death occurred 50 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 White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 23, 1859
 7. AGE YEARS 78 MONTHS 4 DAYS 8
 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Government
 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) Jasper Co. Missouri
 13. NAME John C. Hebb
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data Tenn.
 15. MAIDEN NAME Mary Carr
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data Tenn.
 17. INFORMANT C. P. Hebb (son)
 (ADDRESS) Joplin, Mo.
 18. BURIAL, CREMATION, OR REMOVAL Hebb City Cemetery DATE April 4, 1937
 19. UNDERTAKER Hedge Nelson Funeral Home
 (ADDRESS) Hebb City, Missouri
 20. FILED Apr 2 1937 H. H. H. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 1937
 22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____
 I last saw him dead April 7, 1937 Death is said to have occurred on the date stated above, at 2:00 P.M. Apr. 1-1937
 The principal cause of death and related causes of importance were as follows:

Heart Attack Date of onset _____

Other contributory causes of importance: 950

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) D. S. Winchester, Coroner M. D.
 (Address) Joplin, Mo.

