

JUL 28 1937

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

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1. PLACE OF DEATH

County Dicklin
Township West
City Hammersville

Registration District No. 287
Primary Registration District No. 4171

File No. 23620

Registered No. 12

St. _____ Ward _____

2. FULL NAME Laura Bell Kilbreth

(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jim Kilbreth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23, 1868

7. AGE YEARS 72 MONTHS 2 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

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

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 56 y.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomfield, Mo.

13. NAME James Wilson Kilbreth

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomfield, Mo.

15. MAIDEN NAME Laura Bell Turner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomfield, Mo.

17. INFORMANT J. G. Kilbreth (ADDRESS) Bloomfield

18. BURIAL, CREMATION, OR REMOVAL PLACE Private DATE May 24, 1937

19. UNDERTAKER Mrs. Bertha Hammersville (ADDRESS) Hammersville, Mo.

20. FILED May 24, 1937 E. B. Cape Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3, 1937

I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1937 to May 23, 1937
last saw her alive on May 21, 1937 Death is said

to have occurred on the date stated above, at 10 a.m.

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

Date of case 1-237

Other contributory causes of importance: 55

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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 1

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Jan. H. Bond, M. D.
(Address) Hammersville, Mo.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Dunklin Registration District No. 287
 Township Harnersville Primary Registration District No. 471
 City Harnersville (No. _____) St. _____ Ward _____

File No. 23620
 Registered No. _____

2. FULL NAME

Laura Belle Kilbreth

(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 2

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

FATHER
 13. NAME

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

MOTHER
 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. UNDERTAKER (ADDRESS)

20. FILED 5/24 1937 E. G. Cape Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 23 1937

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19__

I last saw him _____ alive on _____, 19__ Death is said

to have occurred on the _____ at _____ m.

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

Injury to Brain 55 15-34
have no way knowing if malignant
 Other contributory causes of importance:
no operation

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) Van H. Bond, M. D.

(Address) Harnersville Mo.

SUPPLEMENTARY

S-23620

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