

JUL 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County Butte
Township Albany
City Albany

Registration District No. 309
Primary Registration District No. 5427

File No. 23682
Registered No. 34
St. _____ Ward _____

2. FULL NAME

Hannah Elizabeth Hibbard
(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28 1856

7. AGE YEARS 80 MONTHS 10 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Albany Mo

13. NAME John B. Henton

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

15. MAIDEN NAME Martha Judge

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

17. INFORMANT Mr. Hays Branger (ADDRESS) Albany Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Henton DATE June 22 1937

19. UNDERTAKER Califf Bros (ADDRESS) Albany Mo

20. FILED June 22 1937 W. H. Mott Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20 1937

22. I HEREBY CERTIFY That I attended deceased from May 2 1937 to June 20 1937

I last saw him alive on June 18 1937 Death is said to have occurred on the date stated above, at 8:45 P. M.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset at 8:45 P. M. 1937

Other contributory causes of importance:
Chronic Infection
Nephritis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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?
If so, specify _____ (Signed) W. H. Campbell, M. D.
(Address) Albany 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.

