

SEP 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County North
Township Union
City Sherridan (No.)

Registration District No. 904
Primary Registration District No. 45-46

File No. 32137
Registered No.
St. Ward)

2. FULL NAME William Henry Hibbs

(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 male 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 Susie May Smith

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

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,	hrs. or min.
<u>80</u>	<u>1056</u>	<u>11</u>	<u>22</u>		

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Meroux County, Illinois (STATE OR COUNTRY)

13. NAME Jeremiah Hibbs

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

15. MAIDEN NAME Eveline Allison

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

17. INFORMANT Elmer Hibbs (ADDRESS) Sherridan Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Loaders DATE Aug. 30 1937

19. UNDERTAKER Lory and Boyd, Sherridan, Mo. (ADDRESS)

20. FILED Aug 30 1937 Mrs. O. H. Bond Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 26 1937 to Aug. 29 1937

I last saw 9 am alive on Aug 28 1937. Death is said to have occurred on the date stated above, at 1009 a.m.

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

Cerebral Hemorrhage Date of onset Aug 26, 1937

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Physical findings 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) J. H. ... M. D.
(Address) Granville Mo

N. B.—Every item of information should be carefully studied. 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.

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