

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

Do not use this space.

1. PLACE OF DEATH  
 County BUCHANAN ✓ Registration District No. 85  
 Township \_\_\_\_\_ Primary Registration District No. 1001  
 City ST. JOSEPH, MO. (No. MO. METHODIST HOSPITAL) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 File No. 6141  
 Registered No. 217

2. FULL NAME JOHN TEBD JR. 100  
 (a) Residence, No. MORELAND, KAN. St. \_\_\_\_\_ Ward Moreland Kans.  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred — yrs. — mos. 2 ds. How long in U. S., if of foreign birth? 1 yrs. 5 mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 1, 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
1 5 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

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

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

12. BIRTHPLACE (CITY OR TOWN) RANSOM (STATE OR COUNTRY) KANSAS

13. NAME JOHN TEBD

14. BIRTHPLACE (CITY OR TOWN) STOCKTON, (STATE OR COUNTRY) KANSAS

15. MAIDEN NAME LORENE DEPEW

16. BIRTHPLACE (CITY OR TOWN) HILL CITY, (STATE OR COUNTRY) KANSAS

17. INFORMANT JOHN TEBD (ADDRESS) MORELAND KANS.

18. BURIAL, CREMATION, OR REMOVAL PLACE MORELAND, KAN. DATE FEB. 17, 1938

19. UNDERTAKER FLEEMAN & SON, INC. (ADDRESS) ST. JOSEPH, MO.

20. FILED Feb 17, 1938 Registrar H. J. Restleford

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1938, to Feb. 17, 1938

I last saw him alive on Feb. 16, 1938. Death is said to have occurred on the date stated above, at 1:30 A. m.

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

Meningitis - Influenza bacillus Date of onset 2-10-38

IB -

Other contributory causes of importance: Influenza 2-6-38

Name of operation none Date of .....

What test confirmed Spinal Puncture as 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? no  
 If so, specify.....

(Signed) H. Roger Moore, M. D.

(Address) St Joseph 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.

