

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

Do not use this space.

REC'D JUN 10 1938

17548

1. PLACE OF DEATH

County *Adair*
 Township *Wilson*
 City *Sibbs*

Registration District No. *3*
 Primary Registration District No. *4003*

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(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 <i>F.</i>	4. COLOR OR RACE <i>W.</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Howard Dover</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov. 21st 1881</i>				
7. AGE	YEARS <i>56</i>	MONTHS <i>6</i>	DAYS <i>9</i>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. <i>Housewife</i>			
	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	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 30th 1938*

22. I HEREBY CERTIFY, That I attended deceased from *April 20*, 1938, to *May 30*, 1938. I last saw him alive on *May 29*, 1938. Death is said to have occurred on the date stated above, at *6:30 A.M.*

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

Other contributory causes of importance:

Date of onset
About 2 yrs duration

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ohio</i>
	13. NAME <i>George Clark</i>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ohio</i>
	15. MAIDEN NAME <i>Christina Stephens</i>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ohio</i>
	17. INFORMANT (ADDRESS) <i>Howard Dover Sibbs, Mo.</i>
BURIAL, CREMATION, OR REMOVAL	18. PLACE <i>Green City, Mo.</i>
	DATE <i>5/31 1938</i>
UNDERTAKER	19. (ADDRESS) <i>F. R. Easley Branson, Mo.</i>
	20. FILED <i>June 1 1938 Bessie Taylor Registrar.</i>

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) *A. D. McClure* (Address) *Fayetteville, 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.

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