

REC'D JUN 15 1938

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

18457
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 398
 (b) Township Independence Primary Registration District No. 3019
 (c) Independence (d) Street No. 806 So Forest Registered No. 140
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Laura Leona Bibbs
 (a) Residence, No. 806 So Forest St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Widowed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16-1862
 7. AGE YEARS 76 MONTHS 0 DAYS 22 If LESS than 1 day,hrs. ormin.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
 9. Industry or business in which work was done, as 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) Cuggin Illinois
 FATHER 13. NAME Charles Crump
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tenn
 MOTHER 15. MAIDEN NAME Ferilda Allen
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tenn
 17. INFORMANT Mrs. Mattie Moore
 (ADDRESS) 806 So Forest
 18. BURIAL, CREMATION OR REMOVAL PLACE Woodlawn DATE May 10 1938
 19. FUNERAL DIRECTOR George C. Garrison
 (ADDRESS) 2nd Independence Ave
 20. FILED 5-11-38 J. L. Cook
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8 1938
 22. I HEREBY CERTIFY, That I attended deceased from May, 1920, to May 8, 1938.
 I last saw her alive on May 7, 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:
Broncho pneumonia Date of onset May 5
Diabetes mellitus 1920
Atherosclerosis 1925
 Other contributory causes of importance:
 Name of operation none Date of _____
 What test confirmed diagnosis? chemical 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? no
 If so, specify _____ (Signed) J. L. Cook, M. D.
 (Address) Independence Mo
360

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.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

_____ Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)