

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

Do not use this space.

REC'D AUG 24 1938

1. PLACE OF DEATH

County COOPER Registration District No. 218
 Township _____ Primary Registration District No. 3015-
 City BOONVILLE (No. ST. JOSEPH'S HOSPITAL) St. _____ Ward _____

File No. 25161
 Registered No. 68

2. FULL NAME

CHARLES TIBBS 120
 (a) Residence, No. RED 3 St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
ABOUT 70

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARM HAND
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. FARM
 10. Date deceased last worked at this occupation (month and year) JULY 1938 11. Total time (years) spent in this occupation 8 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VIRGINIA

MOTHER 13. NAME UNKNOWN

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

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT E. W. TORBECK
 (ADDRESS) BOONVILLE MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE CITY CEM. DATE JULY 3 1938

19. UNDERTAKER STEGNER KOENIG
 (ADDRESS) BOONVILLE MO.

20. FILED Aug 9 1938 D. Cooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 2 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-26, 1938, to 8-2, 1938
 I last saw him alive on 8-1, 1938. Death is said to have occurred on the date stated above, at 7:00 a. m.

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

Pulmonary Tbc.
Emaciation
 Date of onset _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Sputum Was there an autopsy? yes

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? Yes
 If so, specify _____
 (Signed) Rubey A. Wells, M. D.
 (Address) Boonville, 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.

