

SEP 28 1938

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

Do not use this space.

30215

1. PLACE OF DEATH

County Texas
Township Jackson
City (No.)

Registration District No. 1171
Primary Registration District No. 6145-

File No.
Registered No. St. Ward

2. FULL NAME

Lloyd Xiekerband 4th St.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>male</u>	4. COLOR OR RACE <u>Wht</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE-OF- <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 12 1936</u>		
7. AGE	YEARS <u>2</u>	MONTHS <u>5</u>
	DAYS <u>1</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u> </u>	11. Total time (years) spent in this occupation <u>0</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>	
	10. Date deceased last worked at this occupation (month and year) <u> </u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Raymondville Mo</u>		
FATHER	13. NAME <u>Ray Xiekerband</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Newton Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Etta Hubbs</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT (ADDRESS) <u>Fred Hubbs Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valley View Cem.</u> DATE <u>Aug 14 1938</u>		
19. UNDERTAKER (ADDRESS) <u>Neighbors Raymondville Mo.</u>		
20. FILED <u>Aug 14 1938</u> <u>Mrs. Donna Gregory Registrar</u>		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1938, to Aug 13 1938

I last saw him alive on Aug 10 1938. Death is said to have occurred on the date stated above, at 2 1/2 m.

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

Date of onset

Other contributory causes of importance:
Diarrhea

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) L. L. Hubbard, M. D.
(Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

12/1/81

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

30715- Do not use this space.

1. PLACE OF DEATH

(a) County Texas Registration District No. 1171
(b) Township Jackson Primary Registration District No. 6145-
(c) City (d) Street No. Registered No.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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

(a) Residence, No. Walter Hiltbrand St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13, 1958

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... I last saw h... alive on... 19... Death is said to have occurred on the date stated above, at... m.

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 9 5 1

Non epidemic meningitis

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

Other contributory causes of importance: Dizziness 12/16/57

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

Non epidemic Meningitis

13. NAME

Name of operation Date of

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

What test confirmed diagnosis? Was there an autopsy?

15. MAIDEN NAME

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.

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

Manner of injury Nature of injury

17. INFORMANT (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? If so, specify

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE, 19...

(Signed) Lealie Randall, M. D. (Address) Leaning

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19... Local Registrar.

SUPPLEMENTARY

S-30215