

REC'D OCT 12 1938

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

30901

Do not use this space.

1. PLACE OF DEATH

- (a) County..... 1 Registration District No..... 791
 (b) Township..... Primary Registration District No..... 1003
 (c) City St. Louis, Mo. (d) Street No. 3 730 Cozens St.
 (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.

Registered No. 83382. PRINT FULL NAME Wallace B. Libby

- (a) Residence, No. 3 730 Cozens St. 11 (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 Male 4. COLOR OR RACE White 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) Feb. 7, 1863

7. AGE YEARS MONTHS DAYS 75 7 15
 If LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil
 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) St. Louis (STATE OR COUNTRY) Mo.13. NAME Joseph Libby14. BIRTHPLACE (CITY OR TOWN) Maine (STATE OR COUNTRY)15. MAIDEN NAME Abby Ripley16. BIRTHPLACE (CITY OR TOWN) Maine (STATE OR COUNTRY)17. INFORMANT Abby Mix (ADDRESS) 3730 Cozens18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park 9/24/3819. FUNERAL DIRECTOR Edith E. Ambruster (ADDRESS) 4234 Manchester20. FILED St. Bredech 19 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/22.38 19

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. alive on 19..... Death is said

to have occurred on the date stated above, at. 8.50 A. M.

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

Date of onset

Cerebral Apoplexy

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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? 4

If so, specify.....

(Signed) Alfred J. Terry(Address) Deputy Coroner

