

REC'D OCT 19 1938

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

31841
Do not use this space.

1. PLACE OF DEATH

(a) County Callaway Registration District No. 104
(b) Township Fulton Primary Registration District No. 3008 Registered No. 220
(c) City Fulton (d) Street No. 120 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 32 yrs. 8 mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 7510 1/2 St. Fulton, Mo. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fannie Tebb
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 31, 1858
7. AGE YEARS 80 MONTHS — DAYS 09 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hospital Supervisor
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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9, 1938
22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1938 to Sept 9, 1938
I last saw him alive on Sept 9, 1938 Death is said to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importance were as follows:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lafayette, Mo.
13. NAME Walker Tebb
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
15. MAIDEN NAME P. K.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

Fracture of right femur
(Communicated sub to typhoid) 9-1-38
Date of onset 1860
Other contributory causes of importance:
Generalized arteriosclerosis
Chronic myocarditis
Hypostatic Pneumonia

17. INFORMANT (ADDRESS) Fannie Tebb, Fulton, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Hillcrest cem DATE Sept 11 - 28 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo. S. Wallace, Fulton, Mo.
20. FILED Sept 10, 1938 R. N. Crews, Local Registrar.

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 Sept 1, 1938
Where did injury occur? State Hospital #1, Fulton, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. State Hospital #1
Manner of injury Fell on wagon glass
Nature of injury Fracture of rt. hip
24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) T. S. Lapp, M. D.
(Address) Fulton, Mo.

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Harold J. Christey

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed..... *Harold J. Christey*

Licensed Embalmer No..... *4002*

P. O. Address..... *Dutton, Mo*

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.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Callaway Registration District No. 104
 (b) Township Primary Registration District No. 3008 Registered No.
 (c) City Fulton (d) Street No. State Hosp #1 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.

2. PRINT FULL NAME John J Febo

(a) Residence, No. 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 m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m
 (Write the word)

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 - 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hospital
 9. Industry or business in which work was done, as saw mill, bank, etc. Supervisor
 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9 1938

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.

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

Date of onset

Other contributory causes of importance:

Death occurred in State Hospital No. 1.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (violence), fill in also the following:

Accident, suicide, or homicide State Hospital Fulton, Mo

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 Fell on workbench floor

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. B. Lapp, M. D.

(Address) Fulton Mo

SUPPLEMENTARY

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

