

OCT 26 1938

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

33386
Do not use this space.

1. PLACE OF DEATH
(a) County Saline Registration District No. 795
(b) Township _____ Primary Registration District No. _____ Registered No. _____
(c) City Maltaben (d) Street No. _____ 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 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ruth Tibbs
(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 F 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert Tibbs
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9, 1958
7. AGE YEARS 80 MONTHS 6 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) Nelson (STATE OR COUNTRY) Saline Co Mo.

FATHER 13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) _____

17. INFORMANT Philip Randall (ADDRESS) Maltaben Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Maltaben Mo DATE Sept 27, 1938

19. FUNERAL DIRECTOR F. B. Ferguson (ADDRESS) Marshall

20. FILED 9-27-38 Raymond Jensen Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 21, 1938
22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1938 to Sept. 21, 1938.
I last saw him alive on Sept. 30, 1938. Death is said to have occurred on the date stated above, at 11:29 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
Date of onset 9-19-38
Other contributory causes of importance: arterio sclerosis

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) W. Allen, M. D.
Marshall, Mo. (Address)

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.

RECEIVED
District Health Officer No. 8
Date Filed 10/14/38
Certificate Number

STATEMENT BY LICENSED EMBALMER

I, F. D. Ferguson, Licensed Embalmer No. 2172

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed F. D. Ferguson
Licensed Embalmer No. 2172

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.)