REC'D MAY 11 1939

Bond

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

14785
Do not use this space.

1. PLACE OF DEATH
(a) County Dunklin Registration District No. 290
(b) Township Clay Drain Primary Registration District No. 5408 Registered No. 90
(c) City (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 100 Alfred T Bibb
(a) Residence, No. 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

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16, 1866
7. AGE YEARS 72 MONTHS 6 DAYS 11 If LESS than 1 day, hrs. or min.

OCCUPATION
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

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

FATHER
13. NAME Don't Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT (ADDRESS) A. M. Wilkins Senath Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Cold Water Cemetery DATE April 28 1939
19. FUNERAL DIRECTOR (ADDRESS) McDaniel Funeral Service Senath Mo
20. FILED May 2, 1939 A. S. McDaniel Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 1939
22. I HEREBY CERTIFY, That I attended deceased from April 23, 1939, to April 26, 1939
I last saw him alive on April 26, 1939. Death is said to have occurred on the date stated above, at 12:00 p.m.
The principal cause of death and related causes of importance were as follows:
Valvular heart disease
92.0
Other contributory causes of importance: Arterial Sclerosis
Date of onset
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) Van H. Bond, M. D.
263 (Address) Harnersville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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X12604

RECEIVED
District Health Officer No. 3,
District File Number 39-300
Date Filed 5-4-39

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)