

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.

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

Do not use this space.

1. PLACE OF DEATH

County Nolan
Township _____
City Maryville

Registration District No. 620
Primary Registration District No. 3031
(No. St. Francis Hospital)

File No. 40406
Registered No. 150
St. _____ Ward _____

2. FULL NAME

132 Duyl Tibbets

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 26 - 1938</u>		
7. AGE YEARS <u>1</u>	MONTHS <u>3</u>	DAYS <u>19</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>		11. Total time (years) spent in this occupation _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		10. Date deceased last worked at this occupation (month and year) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 15 1939

22. I HEREBY CERTIFY, That I attended deceased from 11/2 1939 to Nov 15 1939
I last saw him alive on 11/15 1939 Death is said to have occurred on the date stated above, at 11:20 a.m.
The principal cause of death and related causes of importance were as follows:
Burn of 2/3 body surface
Date of onset 11/2/39

Other contributory causes of importance: 181

Name of operation _____ Date of _____
What test confirmed diagnosis Clinical 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 11-2, 1939
Where did injury occur? near Hopkins
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) P. W. King, M. D.
(Address) Hopkins

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Taylor Co Iowa</u>
	13. NAME <u>Charley Tibbets</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Nolan Co Mo</u>
	15. MAIDEN NAME <u>Alice Smith</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Taylor Co Iowa</u>
	17. INFORMANT (ADDRESS) <u>Charley Tibbets Hopkins Mo</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>Nov. 17 1939</u>
	19. UNDERTAKER (ADDRESS) <u>Stanley Swanson Hopkins Mo</u>
	20. FILED <u>11-15-39</u> <u>James E. Clardy</u> Registrar

