

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**

44341  
 Do not use this space.

**1. PLACE OF DEATH**  
 (a) County Pike Registration District No. 686  
 (b) Township Spencer Primary Registration District No. 5913 Registered No. 8  
 (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** MARY LIBBY  
 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u>	
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry L. Libby</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 14 1881</u>			
7. AGE	YEARS	MONTHS	DAYS
<u>17</u>	<u>11</u>	<u>15</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>		
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Farm</u>		
	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) <u>New London Mo.</u>			
FATHER	13. NAME <u>James Lambuth</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mont-Kenoe</u>		
MOTHER	15. MAIDEN NAME <u>Mary Irvine</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mont-Kenoe</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Leslie Wright</u> <u>Vandalia, Mo.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>West Harmony Pike Co. Mo.</u> DATE <u>Nov 30 1939</u>			
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>W. S. Waters</u> <u>Vandalia</u>			
20. FILED <u>Dec 10 1939</u> <u>Gaue E. Henderson</u> (Address) <u>Vandalia Mo.</u> Local Registrar			

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 29 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Sept 1938, to Nov 1939.  
 I last saw her alive on Nov 27 1939. Death is said to have occurred on the date stated above, at 8 p. m.  
 The principal cause of death and related causes of importance were as follows:  
Cancer of Stomach  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: 46

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) H. H. Bland, M. D.  
 (Address) Vandalia Mo.

RECEIVED

District Health Officer No. 10

District File Number 1-40-45

Date Filed JAN 4 1940

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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, or by.....

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

Signed Wm B Waters

Licensed Embalmer No. 3375

P. O. Address.....

**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.