

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

Do not use this space.

1. PLACE OF DEATH

County Henry Registration District No. 347
 Township Clinton Mo Primary Registration District No. 3-9-8
 City Clinton Mo (No. 8488) St. _____ Ward _____

File No. **19532**

Registered No. 22
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 2 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>Married</u> <small>(write the word)</small>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Kate Hibler</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 25-1849</u>		
7. AGE YEARS <u>84</u>	MONTHS <u>2</u>	DAYS <u>12</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
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)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Osage County Missouri</u>		
13. NAME <u>Henry R Hibler</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis Mo</u>		
15. MAIDEN NAME <u>Mrs Hill</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
17. INFORMANT (ADDRESS) <u>Joseph F Hibler Super Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hopewell Cemetery 6-9-33</u>		
19. UNDERTAKER (ADDRESS) <u>Fred W. McKinnon Clinton Mo</u>		
20. FILED <u>6/8</u> 19 <u>33</u> <u>Ed C. Peelor</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-7-33

22. I HEREBY CERTIFY, That I attended deceased from June 3 1933, to June 6 1933
 I last saw him alive on June 6 1933. Death is said to have occurred on the date stated above, at 3:30 P. m.
 The principal cause of death and related causes of importance were as follows:
mitral regurgitation
mitral insufficiency
92A
 Other contributory causes of importance:
92A

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) J. R. Haughton, M. D.
 (Address) Clinton Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUN 22 1933
 JUN 22 1933

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