

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

Do not use this space.

1. PLACE OF DEATH

County Cole
Township Marion
City Centertown (No.)

Registration District No. 211
Primary Registration District No. 5291

File No. 12287
Registered No. 4
St. (Ward)

2. FULL NAME

(a) Residence. No. Centertown, Mo. R.F.D. Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF John Warren

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 1, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 1 5

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cole County, Mo. (STATE OR COUNTRY)

10. NAME OF FATHER Terry Clibourn

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cole County (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Eliza Clibourn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cole County, Mo. (STATE OR COUNTRY)

14. INFORMANT Ed Warren, son (Address) Centertown Mo, R.F.D.

15. FILED 4/6 1934 H.T. Leach, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 6 1934

17. I HEREBY CERTIFY, That I attended deceased from April 4, 1934 to April 5, 1934 that I last saw h. ck alive on April 15, 1934 and that death occurred, on the date stated above, at 12:15 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Apoplexy
2 1/2 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS Symptoms
(Signed) H.T. Leach M.D.
, 19 (Address) Elton Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Centertown, Mo. DATE OF BURIAL April 8 1934

20. UNDERTAKER G.M. Steffens Russellville 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.

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