

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

Do not use this space.

9841

1. PLACE OF DEATH

94 County Saint Francois
Township Liberty
City Knob Lick (No.)

Registration District No. 1115
Primary Registration District No. 6021

File No.
Registered No. 4
St. Ward)

2. FULL NAME

Sarah Elizabeth Hibbits

(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 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF Robert A Hibbits

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 12 - 1857

7. AGE 74 YEARS | 11 MONTHS | 7 DAYS | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. | 1

PARENTS

10. NAME OF FATHER Arthur Williams

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

12. MAIDEN NAME OF MOTHER Lottie Williams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo | 1

14. INFORMANT B. A. Hibbits
(Address) Knob Lick

15. FILED 3/23 1932 F. L. A. Rydeen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 19 1932

17. I HEREBY CERTIFY, That I attended deceased from March 18 1932 to March 18 1932 that I last saw her alive on March 18 1932, and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Robert Pneumonia
108
103
(duration) yrs. mos. 5 da.

CONTRIBUTORY (SECONDARY) General debility
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH? 1

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Chieical
(Signed) R. B. Kester, M. D.
370 - 1932 (Address) Osage 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 DATE OF BURIAL

odd fellow Cem Knob Lick 3-21-1932
20. UNDERTAKER Weidert and Co ADDRESS Barrington 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.

APR 29 1932

