

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

Do not use this space.

20121

1. PLACE OF DEATH

County Carter
Township Pike
City Winona (No.)

Registration District No. 14 3rd
Primary Registration District No. 5209

File No.
Registered No.
St. Ward)

2. FULL NAME

Chas Hibner

(a) Residence No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. 3 mos. 2 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Hibner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6 2 10

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 62 6 10

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) State of Mich
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER George Hibner

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

12. MAIDEN NAME OF MOTHER Margaret Warner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Lyman Hibner
(Address)

15. Aug 6 1928 Jessie D Schupp
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 13 1928

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19..... that I last saw him alive on 19....., and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy, Sudden

82A 7401
(duration) yrs. mos. da.

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

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

8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Frank Keyde, M. D.
, 19 (Address)

*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 Mumell Chapel DATE OF BURIAL 2 June 15 1928
ADDRESS

20. UNDERTAKER no
ADDRESS Winona

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County Carter Registration District No. 146 File No.
 Township Pike Primary Registration District No. 3-209 Registered No.
 City (No.) St. Ward)

2. FULL NAME Chas Hibner
 (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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 3 1915

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>62</u>	<u>6</u>	<u>10</u>		

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

9. BIRTHPLACE (CITY OR TOWN) Michigan
 (STATE OR COUNTRY)

10. NAME OF FATHER Chas Hibner

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

12. MAIDEN NAME OF MOTHER Frances Hibner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Michigan
 (STATE OR COUNTRY)

14. INFORMANT Byman Hibner
 (Address)

15. FILED July 6, 1928 James D. Schuff
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 13 1928

17. I HEREBY CERTIFY, That I attended deceased from to 19....., 19....., and that I last saw him at 19....., and that death occurred, on the date stated above, at

THE CAUSE OF DEATH* WAS AS FOLLOWS:
apoplexy sudden
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY.....
 WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) Franko Hyde M. D.
 , 19 (Address)

*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 Mansel Chapel DATE OF BURIAL June 13 1928

20. UNDERTAKER James D. Schuff ADDRESS

PHYSICIANS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED
 Item of information should be carefully supplied. DEATH in plain terms, so that it may be properly classified. PERCENT OF OCCUPATION is required.

SUPPLEMENTARY

S-20121