

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

Do not use this space.

16516

1. PLACE OF DEATH

County Jasper Registration District No. 413
Township Mineral Primary Registration District No. 5559
City Paris (No.) St. Ward)

File No.
Registered No. 5008

2. FULL NAME

Anna Mae Ribee
(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 11 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. M. Ribee</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov. 19, 1868</u>		
7. AGE	YEARS <u>61</u>	MONTHS <u>5</u>
	DAYS <u>20</u>	IF LESS than 1 day, ... hrs. or ... min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Knob County
(STATE OR COUNTRY) Illinois

PARENTS	10. NAME OF FATHER <u>Ben Miller</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> <u>Kentucky</u>
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> <u>Unknown</u>

14. INFORMANT Ms. J. M. Ribee
(Address) Paris, Missouri

15. FILED June 15 1930 J. B. Benson M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 9 1930

17. I HEREBY CERTIFY, That I attended deceased from Paris, 1930 to May 9, 1930 that I last saw him alive on May 8, 1930 and that death occurred, on the date stated above, at Paris, Mo.

THE CAUSE OF DEATH WAS AS FOLLOWS
Tuberculosis (T. B.)
with secondary infection
(duration) yrs. mos. ds.

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

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

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

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) W. G. ... M. D.
May 8 1930 (Address) Paris, 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 Park Cemetery DATE OF BURIAL May 11 1930

20. UNDERTAKER Knell Mortuary ADDRESS Carthage, Mo.

WRITE PLAINLY, WITH LEADING 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 25 1930

