

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

Do not use this space.

19205

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PLACE OF DEATH

County Greene
Township Center
City..... (No.....)..... St..... Ward.....

Registration District No. 320
Primary Registration District No. 5443

File No.
Registered No.

2. FULL NAME Joseph Dolery Squibb
(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** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** m
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Joe W Squibb
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10 19 1850
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 8 4
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Ret Farmer
(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) Greene Co Tenn

PARENTS

10. NAME OF FATHER James Squibb
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Tenn
12. MAIDEN NAME OF MOTHER Rachel Shields
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Tenn

14. INFORMANT Charles D Squibb
(Address) Bois d'Arc Mo

15. FILED 6/23 30 19 Lucy E. Hoyal REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-23-1930
17. I HEREBY CERTIFY, That I attended deceased from 6-18 1930 to 6-23-1930, and that I last saw him alive on 6-23 1930, and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108
131 (duration) ✓ yrs. ✓ mos. 3 ds.

CONTRIBUTORY (SECONDARY) Chronic nephritis
(duration) ✓ yrs. ✓ mos. ✓ ds.

18. WHERE WAS DISEASE CONTRACTED? at home
IF NOT AT PLACE OF DEATH,.....
IF AN OPERATION PRECEDE DEATH,..... DATE OF.....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Nasal Smear
(Signed) B. Frank White M. D
, 19 (Address) Bois d'Arc 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 Squibb Cem **DATE OF BURIAL** 6/24/ 1930

20. UNDERTAKER Redfern - Boyd **ADDRESS** Bois d'Arc Mo

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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