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

Do not use this space.

5596

687

File No. 687

Registered No. .....

1. PLACE OF DEATH

County Jackson ..... Registration District No. .....

Township Kaw ..... Primary Registration District No. .....

City Kansas City ..... (No. 6230 Wabash ..... St. ..... Ward)

2. FULL NAME Walter Rogers Sibley

(a) Residence. No. 6230 Wabash 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 29, 1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	59	4	12	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Auditor 15 ?

(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) Illinois

PARENTS

10. NAME OF FATHER Dave Sibley

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

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Not known

14. INFORMANT Mrs. Harriett Sibley
(Address) 6230 Wabash

15. FILED 7/12, 1931 M. M. Crowe

MEDICAL CERTIFICATE OF DEATH

5

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby. 11 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct, 1916, to 2-11, 1931, that I last saw him alive on 2-9, 1931, and that death occurred, on the date stated above, at 7:40 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General and Coronary Sclerosis with Secondary Myocarditis

(duration) 15 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Pulmonary Edema & General edema (duration) ..... yrs. 2 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Long duration

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? Yes.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Autopsy

(Signed) Wilson A. Myers, M. D.

7/12, 1931 (Address) 815 Shukert Bldg.

*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~~ Forest Hill Cemetery — DATE OF BURIAL 2/13 1931

20. UNDERTAKER Sline & McClure — ADDRESS 3235 Gillham Plaza

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.

JUL 16 1947