

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

Do not use this space.

17641

**1. PLACE OF DEATH**

County Gentry Registration District No. 312  
Township Jackson Primary Registration District No. 4188  
City King City. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 8

**2. FULL NAME**

James R. Ibson

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

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25, 1863.  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 9 16.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gen. Farming.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) Jan. 1, 1917. 11. Total time (years) spent in this occupation 40.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Star, MO.

FATHER 13. NAME Joseph, Ibson  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kirby Underdale, England.

MOTHER 15. MAIDEN NAME Esther, Hebden  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, England.

17. INFORMANT Anna E. Ibson  
(ADDRESS) King City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star, DATE 5/13/31. 19.

19. UNDERTAKER H. D. WILSON  
(ADDRESS) King City, Mo.

20. FILED May 13, 1931 A. P. Paulette  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 31, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1931 to May 11, 1931  
I last saw him alive on May 11, 1931 Death is said to have occurred on the date stated above, at 6:10 P.M.

The principal cause of death and related causes of importance were as follows:

apoplexy Date of onset 4/9/31  
arteriosclerosis Ⓟ

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify Blackleg M. D.  
(Signed) \_\_\_\_\_  
(Address) King City, 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.

MAY 25 1931

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

