

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

Do not use this space.

21524

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. St. Joseph Hospital) St. _____ Ward _____

File No. _____
 Registered No. 2059

2. FULL NAME Kenneth Tibbs

(a) Residence. No. 4334 Wayne St. 15 Ward. _____
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 22 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 25th 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
3 11 22

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

9. BIRTHPLACE (CITY OR TOWN) K.C. Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER G J Tibbs

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

12. MAIDEN NAME OF MOTHER Elara Smith

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

14. INFORMANT G J Tibbs
 (Address) 4334 Wayne

15. FILED 6/17 1931 M. W. Crowe
 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/16 1931

17. I HEREBY CERTIFY, That I attended deceased from June 14, 1931, to June 16, 1931, that I last saw him alive on June 16, 1931, and that death occurred, on the date stated above, at 4:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septicemia (staphylococci)
Pneumonia right lung (toxic)
157/13 probably portal of entry
also (duration) _____ yrs. _____ mos. 7 ds.

CONTRIBUTORY (SECONDARY) 152
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH 4334 Wayne

DID AN OPERATION PRECEDE DEATH? yes DATE OF June 14 1931

WHAT TEST CONFIRMED DIAGNOSIS? Culture, aseptically

(Signed) Edmund Henry Johnson, M. D.
June 17, 1931 (Address) 822 North Park, K.C., 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 Marceline Mo DATE OF BURIAL 6/17 1931

20. UNDERTAKER W F Mayberry ADDRESS City

WRITE PLAINLY, WITH UNFADING 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.

