

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

Do not use this space.

31427

1. PLACE OF DEATH

County Jackson Registration District No. 300
 Township Keau Primary Registration District No. 100
 City Kansas City (No. 12 C. General Hosp.) St. Mo. Ward

File No. 3925
 Registered No. 3925

2. FULL NAME

Hugh W. Sibole
 (a) Residence, No. Armore Home Ward.
 (Usual place of abode)

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. (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 Widowed
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 21, 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hr. min.
81 11 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. formerly with Robinson Shoe Store
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moorefield West Virginia

13. NAME Morgan Sibole

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Hugh Bonemous Harbunburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Sept. 24, 1931

19. UNDERTAKER (ADDRESS) D. H. Newcomer's Sons Kansas City, Missouri

20. FILED 9-23-31 M. M. Grove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-22, 1931

22. I HEREBY CERTIFY, That I attended deceased from 9-9, 1931, to 9-22, 1931
 I last saw him alive on 9-22, 1931. Death is said to have occurred on the date stated above, at 10:55 a.m.
 The principal cause of death and related causes of importance were as follows:

Bronchopneumonia
137
107A-07A
 Other contributory causes of importance:
Hypertrophy of prostate

Name of operation Prostatectomy Date of 9-19-31
 What test confirmed diagnosis? Yes Was there an autopsy? Yes

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
 (Signed) P. B. Williams, M. D.
 (Address)

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.

