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.

APR 2 9 1935

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

Do not use this space.

14279

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 3091

City St. Louis Mo (No. Barnes Hospital St. ..... Ward)

2. FULL NAME Joseph Peterson Cliburn

(a) Residence, No. Cuba Mo. St. NR Ward. Cuba, Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 3 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): Married

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Sarah Emma Cliburn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5 1889

7. AGE: YEARS 45 MONTHS 4 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Filling Station Propieter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gasoline & oil etc.

10. Date deceased last worked at this occupation (month and year) Nov. 27, 1934

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

FATHER

13. NAME Ephriam Cliburn

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

MOTHER

15. MAIDEN NAME Rose Alice Owens

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

17. INFORMANT (ADDRESS) Mrs. Sarah E. Cliburn Cuba, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cuba Mo DATE 4-3 1935

19. UNDERTAKER (ADDRESS) Alexander & Sons. 6175 Delmar Blvd.

20. FILED APR -3 1935 19 J F Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-3, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-30, 1934, to 4-3, 1935

I last saw him alive on 4-3, 1935 Death is said to have occurred on the date stated above, at 9 a.m.

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

Carcinoma of Rectum — Date of onset 1930

46

Other contributory causes of importance: Fistula of urethra

Name of operation Radical Removal of Tumor Date of 12-28-32

What test confirmed diagnosis? Operation Was there an autopsy? No

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) Robert S Smith M. D.

(Address) Barnes Hospital