

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 20 1937

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

Do not use this space.

40108

1. PLACE OF DEATH

County Jackson  
Township Hann  
City Hann City (No. 6516 Summit)

Registration District No. 379  
Primary Registration District No. 1007

File No. \_\_\_\_\_  
Registered No. 4522  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence No. 6516 Summit 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 Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
84 5 16 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London, England

13. NAME Abraham Tebeur

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

15. MAIDEN NAME Dora Tebeur

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dora Tebeur

17. INFORMANT (ADDRESS) F. S. Prins  
6516 Summit

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill DATE Nov 3 1937

19. UNDERTAKER (ADDRESS) Carroll Sordness  
3227 Front

20. FILED Nov 3 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1937, to Nov. 1 1937.

I last saw h. alive on October 31, 1937. Death is said to have occurred on the date stated above, at 7 A. M.

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

Generalized Arteriosclerosis  
Cerebral Thrombosis

Date of onset

10/23/37

Other contributory causes of importance:  
Arteriosclerotic Heart Disease  
Hypostatic Pneumonia

10/20/37

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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? No  
If so, specify \_\_\_\_\_

(Signed) Jack W. Wall, M. D.  
(Address) 620 Ogden Bldg K.C. Mo.

