

REC'D SEP 7 1939

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

28894

Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 203
(b) Township Platte Primary Registration District No. 4/22 Registered No. 23
(c) City Smithville (d) Street No. _____ St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME 165 Ida May Piburn

(a) Residence, No. Smithville, Missouri St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 James W. Piburn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 7 10

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

12. BIRTHPLACE (CITY OR TOWN) Dennison
(STATE OR COUNTRY) Kansas

FATHER 13. NAME James Elgin

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

MOTHER 15. MAIDEN NAME Alice Mallot

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

17. INFORMANT James W Piburn
(ADDRESS) Smithville, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Smithville, Mo. DATE Aug. 14 19 39

19. FUNERAL DIRECTOR McComas Mortuary
(ADDRESS) Smithville, Missouri

20. FILED 8-14- 1939 E. C. Hill
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 11 19 39

22. I HEREBY CERTIFY, That I attended deceased from July 11 - 19 39, to Aug 11 - 19 39
I last saw her alive on Aug 11 - 19 39 Death is said to have occurred on the date stated above, at 5:30 P m.

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

Obvious Intestinal rupture

Date of onset

Other contributory causes of importance: 121

Name of operation _____ Date of _____

What test confirmed diagnosis Syphilis there an autopsy no23. 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) E. C. Hill, M. D.1939 (Address) Smithville, Mo

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9/5/89

STATEMENT BY LICENSED EMBALMER

I, ***** S A McComas *****, Licensed Embalmer No. *****2303*****
hereby certify that the body recorded on the reverse side of this certificate was embalmed by ***** ME *****
***** L. E. *****
No. ***** or by ***** Registered Apprentice No. *****
working under my personal supervision.

Signed *S. A. McComas*

Licensed Embalmer No. *****2303*****

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)