

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

Do not use this space.

14422

**1. PLACE OF DEATH**

County Carroll  
Township Washington  
City Duport (No. \_\_\_\_\_)

Registration District No. 138  
Primary Registration District No. 5203

File No. \_\_\_\_\_  
Registered No. 91  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

George Williams Limbrook  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 60 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 M 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 Jubett Limbrook

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11, 1852

7. AGE YEARS 83 MONTHS 5 DAYS 8 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Oct. 31, 36 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knock Co. Virginia Mo

13. NAME Henry Limbrook

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

15. MAIDEN NAME Jubetha Woberton

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

17. INFORMANT (ADDRESS) Ed Limbrook Duport, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Duport DATE 4/16/36

19. UNDERTAKER (ADDRESS) B. F. Mead Braymer, Mo

20. FILED 4-15 1936 B. C. Cole M. D. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1936, to April 14, 1936

I last saw him alive on April 14, 1936. Death is said to have occurred on the date stated above, at 11:15 a.m.

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

Chronic myocarditis

Date of onset Jan 36

Other contributory causes of importance:

Arteriosclerosis

Name of operation none 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) Geo. S. Drwell, M. D.

(Address) Braymer Mo

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.

