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

Do not use this space.

31288

1. PLACE OF DEATH

County St Charles — Registration District No. 757 — File No.

Township ~~St Charles~~ — Primary Registration District No. 3036 — Registered No. 160

City St Charles (No. 603 N. 6th St. 3 Ward)

2. FULL NAME Verna Lucille Gibson

(a) Residence. No. 603 N. 6th St., 3 Ward. (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 17 – 1927

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

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Charles
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER A. N. Gibson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hamilton
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Verna Pearl Potts
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Taylorville
(STATE OR COUNTRY) Ill.

14. INFORMANT A. N. Gibson
(Address) St Charles Mo

15. FILED 10-21, 1927 Otto Bockemeier REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 21 – 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1927, to Oct 21, 1927, that I last saw her alive on alive Oct 21, 1927, and that death occurred, on the date stated above, at 5 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemorrhage of Stomach
161 D
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pregnancy of Mother
Previous (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. L. Hardin, M. D.
Oct 21, 1927 (Address) St Charles Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Oak Grove Cemmetary	Oct 26 1927
20. UNDERTAKER	ADDRESS
Steinbrinker Furn. Co	St Charles 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.

Dr Hardin