

FEB 20 1928

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

Do not use this space.
420

1. PLACE OF DEATH

County Carroll Registration District No. 135 File No. _____
Township _____ Primary Registration District No. 3010 Registered No. 2
City Carrollton (Name) _____ St. _____ (Word)

2. FULL NAME

Emogene Gilbert
(a) Residence. No. _____ 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. 14 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 21 - 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 | X | 14 | _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Carrollton
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Elmer Gilbert

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Elmer
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Emma Stallen's

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kearney
(STATE OR COUNTRY) Mo

14. INFORMANT B. E. Gilbert
(Address) Carrollton Mo

15. FILED 1-5, 1928 Mrs. E. E. Farnham
REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1 - 4 1928

17. I HEREBY CERTIFY, That I attended deceased from 12-21, 1927 to 1-4, 1928
that I last saw her alive on 1-1-4, 1928 and that death occurred, on the date stated above, at 12:30 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gastro Enteritis Acute
1196 / 130 (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) H. B. Deavern M. D.

(Address) Carrollton, 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 Oak Hill Cem DATE OF BURIAL 1-5 1927

20. UNDERTAKER Stanley Fun Home ADDRESS Carrollton Mo

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