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

Do not use this space.

9450

1. PLACE OF DEATH

County: Jasper — Registration District No.: 411 — File No.:

Township: Sarcoxie — Primary Registration District No.: 1002 — Registered No.: 112

City: Joplin (No.: 818 Hill St. St. Ward)

2. FULL NAME Elsie Mae Gibson

(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: J. W. Gibson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr 22 1899

7. AGE: Years 30 | Months 10 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Lincoln
(STATE OR COUNTRY): Neb

PARENTS
10. NAME OF FATHER: R. W. Barton
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Iowa
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Cora Miller
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Iowa
(STATE OR COUNTRY)

14. INFORMANT: J. W. Gibson
(Address)

15. FILED: 3/8, 1928 — De A Benson Clark, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mch 5 1928

17. I HEREBY CERTIFY, That I attended deceased from Mch 2nd, 1928, to Mch 5th, 1928, that I last saw her alive on Mch 5th, 1928, and that death occurred, on the date stated above, at 2-40 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
11B 11B
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): None
(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? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) D. C. Scarborough, M. D
, 19 (Address) 801 Bdry. Joplin, 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: Fairview — DATE OF BURIAL: 3/8 1928

20. UNDERTAKER: Hurlburt Lund Co — ADDRESS: Joplin 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.

R 2 1928