9948

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

Do not use this space.

9943

1. PLACE OF DEATH
County Nodaway — Registration District No. 617 — File No.
Township ~~Whitewood~~ — Primary Registration District No. 4367 — Registered No. 6
City Arkoe (No. ..... St. ..... Ward)

2. FULL NAME Rebecca Jane Gilbert
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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 W. L. Gilbert

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 30 1846

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
81	10	17	

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) Harland County Kentucky
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER James Short
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tenn
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unknown Bailey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tenn
(STATE OR COUNTRY)

14. INFORMANT W. L. Gilbert
(Address) R.F.D. Barnard Mo

15. FILED 3/19, 1928 Chas D Hunter M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 17 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 6, 1928, to March 17, 1928 that I last saw her alive on March 17, 1928 and that death occurred, on the date stated above, at 2 35 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

[illegible]

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) [illegible]

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? [illegible]
DID AN OPERATION PRECEDE DEATH? no. DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? [illegible]
(Signed) [illegible], M. D
3/19, 1928 (Address) [illegible] 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: Barnard
DATE OF BURIAL: 3-19 1928

20. UNDERTAKER: W. D. Campbell
ADDRESS: Barnard 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.