

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

Do not use this space.

30412

3658

1. PLACE OF DEATH

County Jackson
Township Bar
City St. Louis

Registration District No. 13
Primary Registration District No. St. Joseph's Hospital

File No. 3658
Registered No. 3658
St. 1 Ward

2. FULL NAME

Larry Anna Gibson
(a) Residence No. Trich, Mo. St. 1 Ward.

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Fe

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

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

Oct. 27, 1882

MEDICAL CERTIFICATE OF DEATH

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

Sept. 3, 1928

17.

I HEREBY CERTIFY That I attended deceased from Sept 2nd to Sept 3rd, 1928

that I last saw her alive on Sept 3rd, 1928, and that death occurred, on the date stated above, at 5 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Dr Slusher is unable to give any further diagnosis of cause of death

struction
duration) yrs. mos. 3 ds.
ow
duration) yrs. mos. ds.

DATE OF
Slusher M. D.
Cherry St RCR
or in death from VIOLENT CAUSES, state and (2) whether ACCIDENTAL, SUICIDAL, or

OR REMOVAL DATE OF BURIAL
Mo, 9/4 1928
ADDRESS
Mo Co. 3742 Main

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.

