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.

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

Do not use this space.

30866

1. PLACE OF DEATH
County Jasper
Township Joplin
City GBC Hospital
Registration District No. 417
Primary Registration District No. 5561D
File No.
Registered No. 96
(No. ..... St. ..... Ward)

2. FULL NAME Alice A. Gilbert
(a) Residence. No. Carthage St., ... Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 6 mos. 11 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 Ed Gilbert

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 28-1904

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
23	9	7	

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

9. BIRTHPLACE (CITY OR TOWN) Oklahoma
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Hooley Faulkner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Okla
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Minnie Ross
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Okla
(STATE OR COUNTRY)

14. INFORMANT Records
(Address)

15. FILED 9/6, 1928 R. M. Stormont
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1928, to Sept 4, 1928 that I last saw her alive on Sept 3, 1928, and that death occurred, on the date stated above, at 7 45 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
25 (duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Tuberculous Entero-Colitis (duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Positive Sputum
(Signed) Jesse E. Douglass, M. D
9/4, 1928 (Address) Webb City

*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 Akins Okla
DATE OF BURIAL 9/5 1928

20. UNDERTAKER Webb City Und Co
ADDRESS Webb City Mo.