FEB 21 1929

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

Do not write in this space

880

32

1. PLACE OF DEATH
County Dekalb — Registration District No. 5364 — File No.
Township — Primary Registration District No. 262 — Registered No.
City King City R.R. (No. ... St. ... Ward)

2. FULL NAME Sarah Gilbert
(a) Residence. No. King City R.R. 2 St. ... Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 53 yrs. mos. 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 16 1848

7. AGE 80 YEARS — MONTHS 3 — DAYS 8 — If LESS than 1 day, ... hrs. or ... min.

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) (STATE OR COUNTRY) Ohio

PARENTS
10. NAME OF FATHER Wm McKennie
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Penn.
12. MAIDEN NAME OF MOTHER Do Hadway
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Penn.

14. INFORMANT Mrs. Ida Rainey (Address) Enid Okla.

15. FILED 1/25 1929 E M Reynolds REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan - 24 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 20 1929, to Jan 24 1929 that I last saw her alive on Jan 20 1929 and that death occurred, on the date stated above, at 5:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
9261
118 (duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (SECONDARY) Myocarditis 7
(duration) 1 yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E M Reynolds, M. D
1/25 1929 (Address) Hunter Sta 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 King City Ar. — DATE OF BURIAL 1-26 1929

20. UNDERTAKER R G Taggart — ADDRESS King City

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.