

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

Do not use this space.

22686

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St Louis (No. 1363, 7 Union Blvd) St. Ward) (If nonresident, give city or town and State)

2. FULL NAME

Kathleen Gibbons
 (a) Residence. No. St. 5 Ward.
 (Usual place of abode)
 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 22nd 1922</u>		
7. AGE	YEARS	MONTHS
	<u>6</u>	<u>8</u>
		DAYS
		<u>12</u>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work. <u>School Girl</u>		
(b) General nature of industry, business, or establishment in which employed (or employer).		
(c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) St Louis
 (STATE OR COUNTRY)

10. NAME OF FATHER Patrick J Gibbons

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Annie Jeffers

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland
 (STATE OR COUNTRY)

14. INFORMANT Patrick J Gibbons
 (Address) 1363 7 Union Blvd

15. FILED May 21 1929
W.C. Starkey
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 4th 1929

17. I HEREBY CERTIFY, That I attended deceased from May 1st 1929, to June 4th 1929, that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... 5:40 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Heart of Rheumatic and
Heart Insufficiency
 (duration) yrs. 6 mos. ds.
 CONTRIBUTORY Coronary Insufficiency
 (SECONDARY) (duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) Julius B. Bush, M. D.
June 4, 1929 (Address) 146 7 Union Ave

*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 Cemetery DATE OF BURIAL 6-6 1929

20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 Wash St

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

15-1-261

Ref. on 170/100
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