

LL 22 1930

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

Do not use this space.

39177
568

1. PLACE OF DEATH

County Harrison
Township _____
City Bethany (No. _____)

Registration District No. 334
Primary Registration District No. 4197

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mrs Lillie Gibson
(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred Life 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 <u>W</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lavin Gibson</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>7/10/1885</u>				
7. AGE	YEARS <u>45</u>	MONTHS <u>4</u>	DAY <u>27</u>	If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (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) Harrison Co.

10. NAME OF FATHER James Gibson

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

12. MAIDEN NAME OF MOTHER Agnes Clellan

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

14. INFORMANT Lavin Gibson
(Address) 129 1/2 Allen Dale Mo

15. FILED 12/10 1930 W J Harned
REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 7 1930
17. I HEREBY CERTIFY, That I attended deceased from Dec 4 1930 to Dec 7 1930 that I last saw her alive on Dec 7 1930 and that death occurred, on the date stated above, at 9:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Peritonitis following
drainage of abscessed
tumor, thru abdominal
incision (duration) yrs. mos. 3 ds.

CONTRIBUTORY Pelvic abscess
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? yes DATE OF Dec 4 1930
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Abdominal incision
(Signed) D. G. Reid M.D.

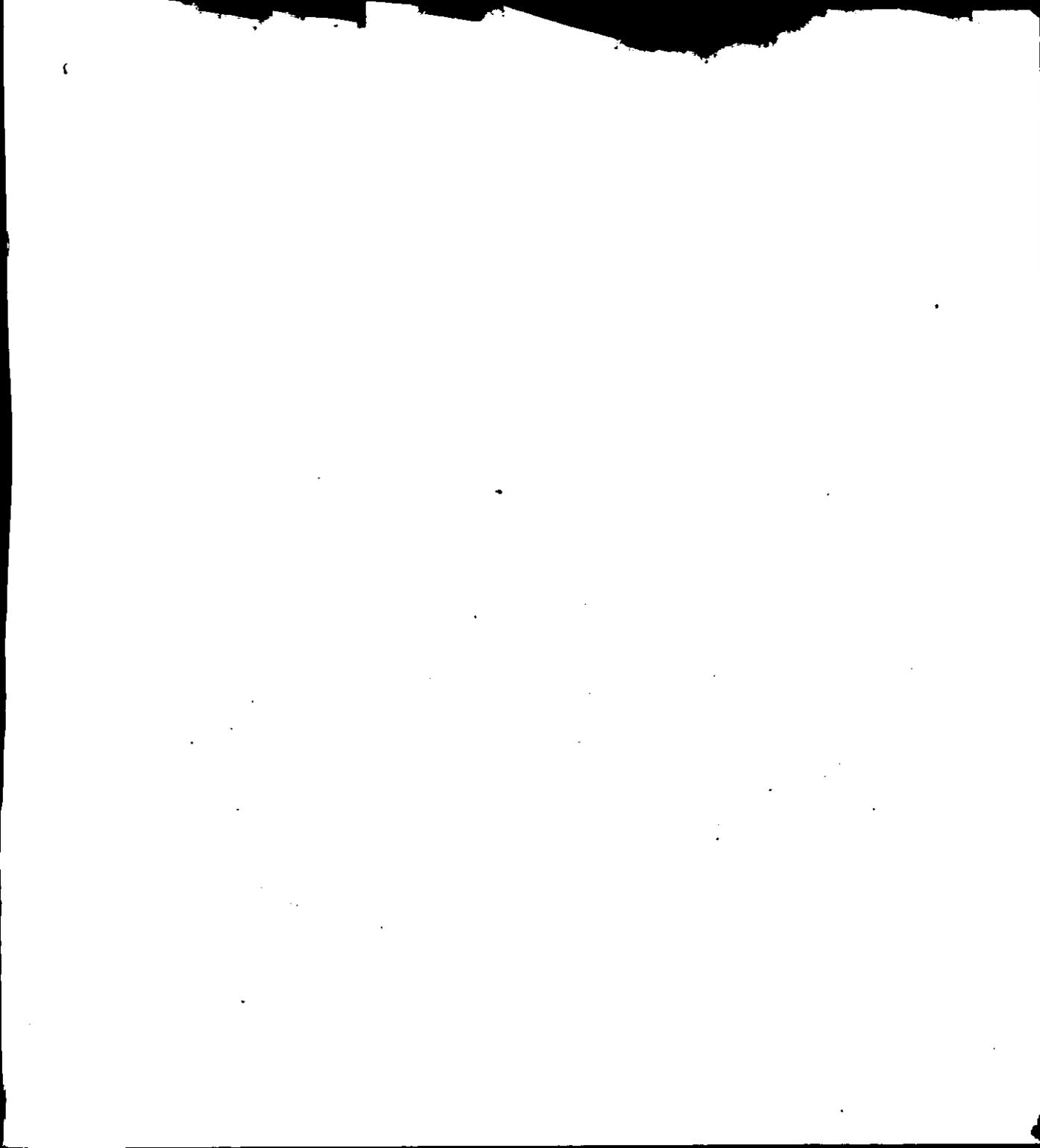
129 1/2 . 19 30 (Address) Bethany, Mo

*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 Allen Dale Cemetery DATE OF BURIAL 12/9 1930

20. UNDERTAKER Arch C. Duffee ADDRESS Bethany, Mo

N. B.—Every item of information should be stated EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain language. Exact statement of OCCUPATION is very important. Properly classified.



requested to make every effort to obtain the following information, and
cated by check marks, lacking from the death certificate: 560

Name: Agnes Lillie Gibson

Who died at Bethany, Mo. on Dec. 7, 1930,

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Peritonitis following draining of abscessed tumor through abdominal incision

Contributory: Pelvic Abscess

Broad ligament Abscess

Where was disease contracted? _____

Did operation precede death? _____ Date of _____

Was there an autopsy? _____ What test confirmed diagnosis? _____

Information should be carefully examined so that it may

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X

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