

MAR 27 1931

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

Do not use this space.

6792

1. PLACE OF DEATH

County St. Francois
Township
City Farmington (No.) St. Ward

Registration District No. 773
Primary Registration District No. 4464

File No.
Registered No. 28

2. FULL NAME

(a) Residence. No. St. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

Mrs Mary Elizabeth Jones Gibson

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 Jeff Gibson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 9, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 11 13

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 COUNTY) St. Francois Co. Mo

10. NAME OF FATHER Calvin Jones

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTY) North Carolina

12. MAIDEN NAME OF MOTHER Mrs Mitchell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTY)

14. INFORMANT (Address) Joe Jones 26 Farmington Mo

15. FILED 2-23-31 T. J. Robinson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-22 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 18 1931 to Feb. 22 1931 that I last saw h. alive on Feb. 22 1931, and that death occurred, on the date stated above, at 7:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma (Gastric)

CONTRIBUTOR (SECONDARY) (duration) yrs. 8 mos. da.

18. WHERE WAS DISEASE CONTRACTED (duration) yrs. mos. da.

DID AN OPERATION PRECEDE DEATH? DATE OF WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Geo. S. Walker M. D. 2-23, 1931 (Address) Farmington 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 Seedleton Oak Cem. DATE OF BURIAL 2/24 1931

20. UNDERTAKER Needert and Co ADDRESS Fyton

WHITE PLAIN, 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.

