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.

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

Do not use this space.

34485

1. PLACE OF DEATH
County Jackson — Registration District No. [illegible] — File No. 4094
Township Kaw — Primary Registration District No. [illegible] — Registered No. 4094
City K. C. Mo. (No. 4019 South Benton St. Ward)

2. FULL NAME Mary Stimson Gibson
(a) Residence, No. 4019 South Benton St., 16 Ward. (If nonresident, give city or town and State)
(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 Fl
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF S. A. Gibson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-28-1849
7. AGE YEARS 82 MONTHS 8 DAYS 17 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

FATHER
13. NAME John Stimson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER
15. MAIDEN NAME Julia Stafford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Mrs. Irving Tevis 2501 E 37th K. C. Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Springfield Ills DATE 10/17 1931
19. UNDERTAKER (ADDRESS) Mrs. C. L. Forster K. C. Mo.
20. FILED 10-16 1931 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-15, 1931
22. I HEREBY CERTIFY, That I attended deceased from 10/12/, 1931, to 10/15/, 1931
I last saw her alive on 10/15/31, 19.... Death is said to have occurred on the date stated above, at 11:55 a.m.
The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis — Date of onset

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Other contributory causes of importance: Coronary Embolus.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) J. B. Bird, M. D.
(Address) 1424 Professional Bldg K. C. Mo.

Dr. [illegible]
Professional [illegible]
Ha 0236