

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

Do not use this space.

276

**1. PLACE OF DEATH**

12 County Butler Registration District No. 88  
Township Neelyville Primary Registration District No. 5180  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 1

**2. FULL NAME**

Anna Juanita Gibson  
(a) Residence, No. Neelyville, Mo. 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. 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 4, 1924</u>		
7. AGE YEARS <u>4</u>	MONTHS <u>3</u>	DAYS <u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>child at home</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		
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) <u>Neelyville Missouri 1</u>		
13. NAME <u>Hugh Gibson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Neelyville Missouri</u>		
15. MAIDEN NAME <u>Linda May Couch</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Oklahoma 2</u>		
17. INFORMANT <u>Hugh Gibson</u> (ADDRESS) <u>Neelyville, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Home Cemetery</u> DATE <u>Jan 2, 1932</u>		
19. UNDERTAKER <u>Friends &amp; Neighbors</u> (ADDRESS) _____		
20. FILED <u>Jan 1, 1932</u> <u>R. L. Turner</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1931, to Jan 1, 1932  
I last saw her alive on Dec 30, 1931, 1931. Death is said to have occurred on the date stated above, at 6:50 A.M.  
The principal cause of death and related causes of importance were as follows:  
Diphtheria  
10/10  
Date of onset 12.26.31

Other contributory causes of importance: None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? None 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 (1)  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? NO  
If so, specify \_\_\_\_\_  
(Signed) R. L. Turner, M. D.  
(Address) Neelyville, Mo.

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.

JAN 23 1932

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