

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

Do not use this space.

13889

File No. _____
Registered No. 43 St. _____ Ward)

1. PLACE OF DEATH

96 County St. Louis Registration District No. 1160
10 Township Central Primary Registration District No. 4420
5 City University City (No. 2048; northmoor.)

2. FULL NAME

(a) Residence, No. 2048 Northmoor 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John A. Gibney
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27 - 1849
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 9 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) Ohio

13. NAME Issac Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ving

15. MAIDEN NAME Margaret Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Marguerite Gibney
(ADDRESS) 2048 Northmoor

18. BURIAL, CREMATION OR REMOVAL PLACE Galvary DATE April 25, 1932

19. UNDERTAKER Mulley and Co
(ADDRESS) 516 1/2 Delmar

20. FILED April 23, 1932 Lena D. Moeller
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 1932
22. I HEREBY CERTIFY, That I attended deceased from June, 1931, to April 22, 1932.
Last saw him alive on April 22, 1932. Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:

Right hemiplegia Date of onset 1931
Chronic myocarditis ?
Arterio sclerosis ?

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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? ✓
If so, specify James A. Torson, M. D.
(Signed) James A. Torson
(Address) Wall Building

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.

MAY 28 1932

Mr. H. W. ...

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Dr. Fulton

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June 125