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.

JUN 22 1932

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

Do not use this space.

15994

1. PLACE OF DEATH 47 County Iron Registration District No. 391 File No.
Township Arcadia Primary Registration District No. 5546a Registered No. 23
City (No. St. Ward)

2. FULL NAME Eliza Anna Gibson
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 9 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Mason Gibson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1858.
7. AGE Present YEARS 74 MONTHS — DAYS 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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mineral Point Mo

FATHER
13. NAME Andrew Jackson Lock
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky. 2

MOTHER
15. MAIDEN NAME Anna Lock
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

17. INFORMANT (ADDRESS) Chas. M. Gibson Ironton Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE K. P. Cemetery DATE 6-1-1932
19. UNDERTAKER (ADDRESS) S. E. Band Ironton Mo.
20. FILED June 6, 1932 R. A. Reeche Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1932, to May 30, 1932
I last saw her alive on May 20, 1932 Death is said to have occurred on the date stated above, at 1 a.m.
The principal cause of death and related causes of importance were as follows:

Paralysis. Hemiplegia of the right side of body 87 D 82 D

Date of onset

Other contributory causes of importance: 1

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?
If so, specify
(Signed) Edward L. G. Bamhouse, M. D.
(Address) Ironton Mo