

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

Do not use this space.

25209

12

1. PLACE OF DEATH

110 County Washington
Township Boston
City _____ (No. _____) _____ (Ward)

Registration District No. 887
Primary Registration District No. 6179

File No. _____
Registered No. 61 _____ (St. _____ Ward)

2. FULL NAME

Cecilia Jane Gibson nee Dixon

(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. 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>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Francis Gibson</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 30-1866</u>					
7. AGE		YEARS <u>65</u>	MONTHS <u>7</u>	DAYS <u>29</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	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		
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>High Point, Mo</u>				
	13. NAME <u>John Dixon</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Palmer, Mo</u>				
	15. MAIDEN NAME <u>Elizabeth Dixon</u>				
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>_____ 31</u>				
	17. INFORMANT (ADDRESS) <u>Francis Gibson</u>				
18. BURIAL, CREMATION, OR REMOVAL					
PLACE		DATE			
<u>Shirley</u>		<u>July 30 1932</u>			
19. UNDERTAKER (ADDRESS) <u>Sparks & Sparks</u>					
20. FILED <u>7-30 1932</u> <u>Jos. L. Thurman</u> Registrar					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29 1932

22. I HEREBY CERTIFY That I attended deceased from May 10 1931 to July 29 1932

I last saw her alive on Oct 11 1931. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Valvular heart lesion

Other contributory causes of importance:
97A 920

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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 Joseph L. Thurman, M. D.
(Signed) _____
(Address) Palmer, Mo.

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.

AUG 27 1932

