

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

Do not use this space.

29062

1. PLACE OF DEATH

40 County Grundy
Township Linncoln
City..... (No..... St..... Ward)

Registration District No. 332
Primary Registration District No. 6462

File No.....
Registered No. 8

2. FULL NAME

Lillian Awagene Gibler

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 11-1932

7. AGE YEARS MONTHS 2 DAYS 14 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None - at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) Grundy Co. Mo.

10. NAME OF FATHER John Edward Gibler

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Mercer Co. Mo.

12. MAIDEN NAME OF MOTHER Gracie Stanley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Mercer Co. Mo.

14. INFORMANT John Edward Gibler
(Address) Trenton, Mo. Route 7

15. FILED Sept 26, 1932 Maurice Piddle
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 25- 1932

17. I HEREBY CERTIFY, That I attended deceased from....., 19....., to Sept 25, 1932 that I last saw her alive on Sept 18, 1932, and that death occurred, on the date stated above, at 10⁰⁰ a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gastro-enteritis of the new born

CONTRIBUTORY (SECONDARY) 118 (duration) most of its life yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

19. WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS clinical only
(Signed) Costauller, M. D.

9-25, 1932 (Address) Trenton, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mercer Co Mo DATE OF BURIAL Sept 26 1932
Hamilton Cemetery

20. UNDERTAKER Chas E Schoeler ADDRESS Richard 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.

OCT 26 1932

WHITE COPY LEFT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

