

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

Do not use this space.

38321

1. PLACE OF DEATH

6. County Barton Registration District No. 41
 Township Ozark Primary Registration District No. 5062
 City Lebanon (No. _____) St. _____ Ward _____

2. FULL NAME

Emma Jane Gibson
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) _____
 Length of residence in city or town where death occurred 2 yrs. 2 mos. 10 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 9th 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 9 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
 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) Missouri

FATHER 13. NAME John Severon

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

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) James B. Gibson
Lebanon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Bank DATE 12/24 1932

19. UNDERTAKER (ADDRESS) Smith Funeral Home
Lebanon Mo

20. FILED Dec 24 1932 F. R. Spell
 Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 10th 1932, to Dec 11 1932
 I last saw him alive on Dec 11 1932. Death is said to have occurred on the date stated above, at 10 P. m.

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

apoplexy of brain
and Biliary
 Date of onset _____
 Name of operation none Date of _____
 What test confirmed diagnosis? Physical Exam 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 No, 1932
 Where did injury occur? No
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place none
 Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) F. R. Spell, M. D.
 (Address) Lebanon 716

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 21 1933

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

