

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

Do not use this space.

1. PLACE OF DEATH

97 County Saline
 5 Township
 7 City Marshall Mo

Registration District No. 796
 Primary Registration District No. 3038

File No. 42776
 Registered No. _____
 St. _____ Ward)

2. FULL NAME Vivian Gervin

(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 F 4. COLOR OR RACE Colored 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) April 23, 1888

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
44 8 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Saline, Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Richard Mathers

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Saline, Mo
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Handy Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky
 (STATE OR COUNTRY)

14. INFORMANT Elsie Maron

(Address) Marshall, Mo.

15. FILED 12-29-32 A. C. Putnam
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 18 1932

17. I HEREBY CERTIFY, That I attended deceased from Aug 9th 1932, to Dec 18, 1932, that I last saw her alive on Dec 16th, 1932, and that death occurred, on the date stated above, at 11:25 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
73A
139C (duration) yrs. 4 mos. 9 ds.

CONTRIBUTORY (SECONDARY) 23
Menopause (duration) yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED Don't know
 IF NOT AT PLACE OF DEATH _____

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

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Spitum
 (Signed) A. H. Webb, M. D.
 19 (Address) Marshall, 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 Harmon Cemetery DATE OF BURIAL Dec 21 1932

20. UNDERTAKER R Robbins ADDRESS Marshall

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.

