

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Raw Primary Registration District No. 1002
 City Kansas City (No. 1326 1/2 Campbell) St. _____ Ward _____

19691
 File No. _____
 Registered No. 2402
 St. _____ Ward _____

2. FULL NAME

Sallie Anna, Belle Gibson
 (a) Residence, No. 1326 1/2 Campbell, 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 Fe 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word) widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thos. J. Gibson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 3-1856
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 9 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
 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.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burton Co. Kentucky

13. NAME Thos. J. Clendenin

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

15. MAIDEN NAME Nancy H. Gibson

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

17. INFORMANT Frank Gibson (ADDRESS) 1301 Campbell

18. BURIAL, CREMATION, OR REMOVAL PLACE Mexico mo DATE June 10, 1933

19. UNDERTAKER Caylor Funeral Home (ADDRESS) 16. E. mo

20. FILED 6-9 1933 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1933 Thurs.

22. I HEREBY CERTIFY That I attended deceased from June 5, 1933 to June 8, 1933

I last saw him/her alive on June 8, 1933. Death is said to have occurred on the date stated above, at 4 P. m.

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

Failing Myocardium Date of onset _____

635 H6A

Other contributory causes of importance: Cancer of bladder above ureters & liver.

Name of operation no 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) Chas M Meiers, M. D.

(Address) 901 Chambers 3rd fl

KCM6

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.

Miss [unclear]

7201 Ward Parkway Ja 7973