

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

Do not use this space.

**20251**

**1. PLACE OF DEATH**  
 55 County Linn Registration District No. 469  
 Township Lincoln Primary Registration District No. 5630  
 City Malvern (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Sarah Jane Gibson  
 (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** W **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) \_\_\_\_\_

**5A. IF MARRIED, WIDOWED, OR DIVORCED**  
 HUSBAND OF \_\_\_\_\_ (OR) WIFE OF J. A. Gibson

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** 5-22-18-05

**7. AGE** YEARS 78 MONTHS X DAYS 20 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**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** \_\_\_\_\_

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Lawrence Co. Me.

**MOTHER**  
**FATHER**  
**13. NAME** Daniel Hunt  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Me.

**MOTHER**  
**15. MAIDEN NAME** Mary Woodsin  
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Me.

**17. INFORMANT** S. J. Gibson  
 (ADDRESS) \_\_\_\_\_

**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACE Home DATE 6-18-33

**19. UNDERTAKER** W. D. Bunn  
 (ADDRESS) Malvern

**20. FILED** 7-1-33 W. D. Bunn  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 6-17-1933

**22. I HEREBY CERTIFY**, That I attended deceased from 5-20-1933 to 6-17-1933  
 I last saw h. E alive on 6-14-1933. Death is said to have occurred on the date stated above, at 5:20 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic interstitial neph.  
131 131  
 Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clin. Symptoms 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 \_\_\_\_\_  
 (Signed) W. D. Bunn M. D.  
 (Address) Malvern

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.

AUG 26 1933

