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.

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 21743

Township ..... Primary Registration District No. 33 Registered No. 5547

City St. Louis (No. City Hospital St. ..... Ward)

#3634

2. FULL NAME Sarah Gibson

(a) Residence, No. 3105 So. 7th St., 24 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 10 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): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE: YEARS 69 | MONTHS ✓ | DAYS ✓ | If LESS than 1 day, ... hrs. or ..... min.

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

235

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 2

FATHER
13. NAME Jim Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henderson Kentucky 2

MOTHER
15. MAIDEN NAME Katherine
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 2

17. INFORMANT (ADDRESS) Hospital Information Grace Kopp City Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lilburn Mo DATE June 27 1933

19. UNDERTAKER (ADDRESS) Richards Und Co New Madrid Mo.

20. FILED JUL 2 DC 1933 19 J. F. Biedeck Registrar.

✓ MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24th 1933

22. I HEREBY CERTIFY, That I attended deceased from June 4th 1933, to June 24th 1933
I last saw her alive on June 24th 1933. Death is said to have occurred on the date stated above, at 7.35 a.m.
The principal cause of death and related causes of importance were as follows:

93C
Chr. Myocarditis
107A
93C

Date of onset

Other contributory causes of importance:
Broncho-pneumonia
0

Name of operation None Date of .....
What test confirmed diagnosis? Clinical 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? No
If so, specify .....
(Signed) Maurice A. Diehr, M. D.
(Address) City Hosp. #1

Gibson