

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

Do not use this space.

143

1. PLACE OF DEATH

County Bonne Registration District No. 73
 Township Bonneville Primary Registration District No. 3006
 City Colosseville (No. _____, St. _____ Ward _____)

File No. _____
 Registered No. 2

2. FULL NAME

Martha Melvina Gibson
 (a) Residence, No. 906 University 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eli Casper Gibson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15, 1862
 7. AGE YEARS 71 MONTHS 1 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at 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) ✓ Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co Mo.

FATHER 13. NAME Jessie Griffin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

MOTHER 15. MAIDEN NAME Addaline Goodman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT Alma D. Freeman
 (ADDRESS) Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Roanoke, Mo. DATE Jan. 4, 1934

19. UNDERTAKER Mr. Row F. Stubbs
 (ADDRESS) 1304 Bass

20. FILED 1/4/34 1934 Allie Selby
 Registrar.

MEDICAL CERTIFICATE OF DEATH

Martha Melvina Gibson
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/2/34, 19____
 22. I HEREBY CERTIFY, That I attended deceased from 1/1/34, 19____ to 1/1/34, 19____
 I last saw her alive on 1/1/34, 19____. Death is said to have occurred on the date stated above, at 1:30 m.
 The principal cause of death and related causes of importance were as follows:

Gen. Paralysis
 Date of onset _____
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

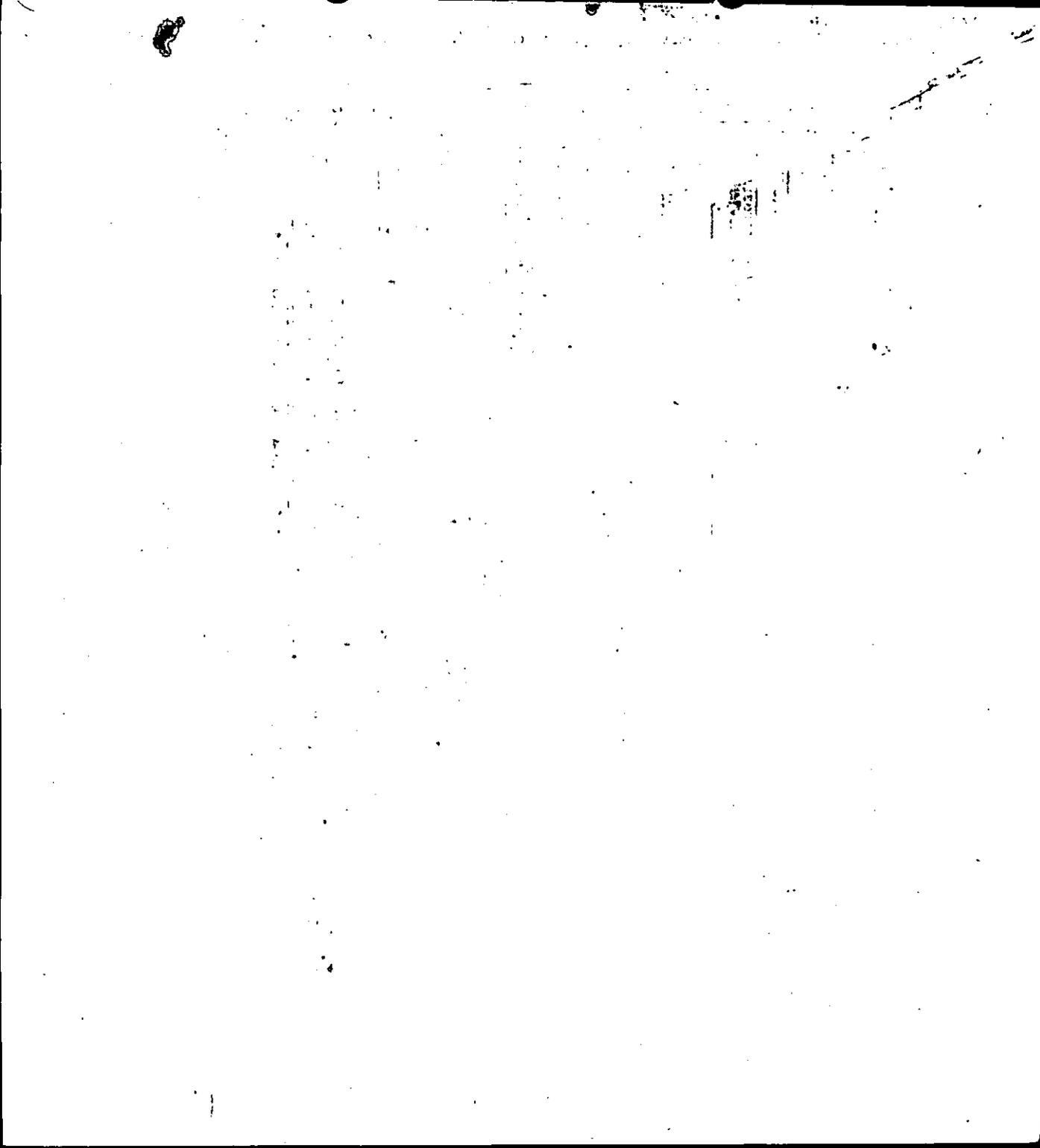
23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

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? 7/3
 If so, specify _____
 (Signed) J. A. Bradford, M. D.
 (Address) 307 S. 9th St. Columbia, Mo.

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.



#2

Boone

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

143

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Martha Melvina Gibson

Who died at _____ on Jan 2 - 1934

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 71 Months 1 Days 18

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Gen Paralysis
from Cerebral Hemorrhage

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar Allie Selby

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 73

Very truly yours,

E. T. McGaugh M.D.
E. C.

Primary Reg. Dist. No. 3006

Special Agent.

MEMORANDUM FOR THE DIRECTOR

DATE: 10/15/53

RE: [Illegible]

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