

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

Do not use this space.

3761

1. PLACE OF DEATH

County North

Registration District No. 905

Township Allen

Primary Registration District No. 6216

City _____ (No. _____)

St. _____ Ward _____

2. FULL NAME Margaret 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-27-1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. 72 5 4

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) Century County, Mo.

13. NAME Wm. Stephenson

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

15. MAIDEN NAME Lucinda Smith

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

17. INFORMANT (ADDRESS) Brown Bros

18. BURIAL, CREMATION, OR REMOVAL PLACE Ellendale DATE 2-2

19. UNDERTAKER (ADDRESS) Brown Bros

20. FILED Feb 3 1934 Brown Bros Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 31 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 16 1933 to Jan 31 1934

I last saw him alive on July 31 1934 Death is said to have occurred on the date stated above, at 7:30 P.M.

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

Myocarditis

Date of onset

Oct.

14.33

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis Microscopic Was there an autopsy? Yes

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) Lewis H. Long, M. D.

(Address) Dover, Mo.

