5368

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

Do not use this space.

1. PLACE OF DEATH
County: Ripley
Township: Sinkin
City: (No. , St. Ward)

Registration District No. 9574
Primary Registration District No. 5838

File No. 8425
Registered No. 32

2. FULL NAME: Drusilla Mae Daline 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. 4 mos. 1 ds. 24 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*):

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 27, 1884

7. AGE: Years | Months | Days: 28 | If LESS than 1 day, hrs. or min.

OCCUPATION
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): Bunker, Missouri

FATHER
13. NAME: Charles A. Gibson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Denver, Mo.

MOTHER
15. MAIDEN NAME: Bertie Ne[illegible]
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bloomfield, Mo.

17. INFORMANT (ADDRESS): Charles A. Gibson, Bunker, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bunker Mo DATE: Mar 28, 1934

19. UNDERTAKER (ADDRESS): —

20. FILED: Mar 28, 1934 J. B. Gordon, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19.
I last saw h. alive on , 19. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Found Dead in Bed No Cause Known	

Other contributory causes of importance: None

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?
If so, specify
(Signed) J. B. Gordon, M. D.
(Address) Bunker 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.