

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

Do not use this space.

MAY 25 1934

17503

1. PLACE OF DEATH  
County Morgan Registration District No. 598  
Township Morgan Primary Registration District No. 4255  
City Versailles (No. 1) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Laura A. Gibbs  
(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 F.M. 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 Dr. J. J. Gibbs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21-1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 9 15

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) Cosopolis Mich

FATHER  
13. NAME Oscar Chamberlain  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

MOTHER  
15. MAIDEN NAME Clara Orlean  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

17. INFORMANT Mrs. Kate Conklin  
(ADDRESS) 204 N. 5th St. Versailles Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Versailles DATE May 8 1934

19. UNDERTAKER W. F. Kidwell  
(ADDRESS) Versailles Mo

20. FILED May 7 1934 H. N. Johnson  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1934

22. I HEREBY CERTIFY, That I attended deceased from April 6 1934 to May 6 1934  
I last saw her alive on May 6 1934. Death is said to have occurred on the date stated above, at 9:20 P.M.  
The principal cause of death and related causes of importance were as follows:  
apoplexy  
Other contributory causes of importance: \_\_\_\_\_  
Date of onset: \_\_\_\_\_

Name of operation none 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? no  
If so, specify \_\_\_\_\_  
(Signed) S. M. Newton M. D.  
(Address) Versailles Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

A. 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.

