FEB 27 1935

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

Do not use this space.

File No. 21387-B
Registered No. 12

1. PLACE OF DEATH
County: Pemiscot — Registration District No.: 651
Township: Little Prairie — Primary Registration District No.: 5-862
City: Steele Mo (No. ..... St. ..... Ward)

2. FULL NAME: Sarry Gibson

(a) Residence, No. ..... St., ..... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3/4-1882

7. AGE: Years 52 | Months 3 | Days 14 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Keeping
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): June 1934
11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER
13. NAME: Henry Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): D K

MOTHER
15. MAIDEN NAME: D. K
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): D. K

17. INFORMANT (ADDRESS): Bryan Gibson, Steele Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Zion Cem. DATE: 6-19-34

19. UNDERTAKER (ADDRESS): Gossman undt, Steele Mo

20. FILED Feb. 6 1935 Ada Martin, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-18-1934

22. I HEREBY CERTIFY, That I attended deceased from 6-13-34, 19..., to 6-18-34, 19..., I last saw him alive on 6/18/34, 19..., Death is said to have occurred on the date stated above, at 3 O'clock p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | |
| 1308 9321 | |
| Other contributory causes of importance: | |
| Coma | |

Name of operation: None — Date of: X
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) H. M. Dime, M. D.
(Address) Steele 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.