

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

Do not use this space.

SEP 19 1934

1. PLACE OF DEATH

10/5 County Linn
 Township Linn
 City Forsyth, Mo (No.)

Registration District No. 861
 Primary Registration District No. 6132

File No. 28018
 Registered No. 8
 St. Ward)

2. FULL NAME

Laura Maria 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 12 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 10, 1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
84 | 5 | 18 | 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lansbury Ohio
 (STATE OR COUNTRY)

10. NAME OF FATHER W.B. Kuekerbocke

11. BIRTHPLACE OF FATHER (CITY OR TOWN) New York
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

14. INFORMANT Mrs. M.U. Conely
 (Address) Forsyth, Mo

15. FILED 8-3 1934 Irene Brown
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 28th 1934

17. I HEREBY CERTIFY, That I attended deceased from July 1st 1934, to July 28th 1934, that I last saw him alive on July 28th 1934, and that death occurred, on the date stated above, at 3 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Artery Disease
10/5 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) MI
 (duration) mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? MI

19. DID AN OPERATION PRECEDE DEATH? DATE OF

20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) M. D. ...
 19 (Address) Forsyth, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forsyth, Missouri DATE OF BURIAL July 29 1934

20. UNDERTAKER R. O. Wheelchel ADDRESS Brancon, 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.

WRITE PLAINLY, WITH OUTLINDING INK—THIS IS A PERMANENT RECORD

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