

OCT 22 1935

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

Do not use this space.

29120

32 1. PLACE OF DEATH  
 County Dickson Registration District No. 236 A  
 Township Walsh Primary Registration District No. 23 Leaf  
 City Harrodsburg (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward \_\_\_\_\_)

2. FULL NAME Rachel Gibson  
 (a) Residence, No. Union St. St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred all of life yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_  
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8 - 1850

7. AGE YEARS 85 MONTHS 2 DAYS \_\_\_\_\_ IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Household

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) July 16, 1935 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME Louis Gibson

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

15. MAIDEN NAME Rachel Moore

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

17. INFORMANT (ADDRESS) Daisy Gibson

18. BURIAL, CREMATION, OR REMOVAL PLACE Union St. DATE 10-1 1935

19. UNDERTAKER (ADDRESS) Wm. Reynolds

20. FILED 9-29 1935 E. M. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1931 to Sept 29 1935  
 I last saw him alive on Sept 29 1935 Death is said to have occurred on the date stated above, at 11:30 p. m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis Date of onset \_\_\_\_\_

Other contributory causes of importance \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Cholesterol (Was there an autopsy?) no

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) E. M. Reynolds M. D.  
 (Address) Union St. Harrodsburg

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

