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

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.

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

NOV 29 1935

Do not use this space.

34957

1. PLACE OF DEATH

County Vernon — Registration District No. 878 — File No.

Township Dover — Primary Registration District No. 6166 — Registered No. 39

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Agnes May Gibson

(a) Residence, No. Sheldon Mo St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Female

4. COLOR OR RACE white

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) Jan. 27-1909

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
26	8	10	

OCCUPATION

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

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) Enid Okla

FATHER

13. NAME John T. Gibson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Homer Ill.

MOTHER

15. MAIDEN NAME Mary Ann Tremble

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centerville Iowa

17. INFORMANT (ADDRESS) John Gibson Sheldon Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Enid Okla DATE Oct-10-1935

19. UNDERTAKER (ADDRESS) G. B. Berry & Sons Sheldon Mo.

20. FILED Oct 18, 1935 Kate Millhite Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-7-1935

22. I HEREBY CERTIFY, That I attended deceased from Sept., 1935, to Oct., 1935

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Hemorrhage	8/29/35
38	

Other contributory causes of importance:

Pernicious Malarial Fever	8/9/35
Hemorrhagic form	

Name of operation None Date of

What test confirmed diagnosis? Clinical 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? No

If so, specify

(Signed) Arthur G. Altham, M. D.

(Address) Sheldon Mo