

Dr. M. M. M. M. M.

JAN 21 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

40832

1. PLACE OF DEATH

County St. Francois Co
Township Perry
City Boone Terre Mo

Registration District No. 775
Primary Registration District No. 6020-A

File No.
Registered No. 75 Ward

2. FULL NAME

Celia Ann Gibson
(a) Residence, No. Boone Terre Mo. Ward.

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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 16, 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
74 11 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Washington Co Missouri

13. NAME Robert H Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co Missouri

15. MAIDEN NAME Rebecca Smith

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

17. INFORMANT Mr Sam Wright (ADDRESS) Boone Terre Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE White Oak Cemetery DATE 12/20 35

19. UNDERTAKER Seichman and Co (ADDRESS) Boone Terre Mo

20. FILED Dec 10 1935 N. W. Hawkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1935, to Dec 8, 1935

I last saw her alive on Dec 8, 1935 Death is said to have occurred on the date stated above, at 6:30 p.m.

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

Cerebral Hemorrhage Date of onset 11/26/35

Other contributory causes of importance Heart Failure

Name of operation 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?

If so, specify B. J. Maunty (Signed) M. D.
Boone Terre (Address)

WRITE CLEARLY, 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.

1935-12-

1935-12-

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