

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

Do not use this space.

36504-1

OCT 21 1936

1. PLACE OF DEATH

County Wayne Registration District No. 69 1000
Township 01 Primary Registration District No. 6150
City Arabi, Mo. (No.) St. Ward)

File No.
Registered No.

2. FULL NAME

Victoria Gribler

(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 52 yrs. 1 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED <u>HUSBAND OF</u> <u>John Gribler</u> (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 4 1858</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>1</u>
	DAYS <u>20</u>	IF LESS than 1 day, <u>3</u> hrs. or <u>...</u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housekeeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Sept 4 1930</u> 11. Total time (years) spent in this occupation <u>52 yrs</u>	
12. BIRTHPLACE (CITY OR TOWN) <u>Zalma, Mo</u> (STATE OR COUNTRY)		
FATHER	13. NAME <u>Barry Dennis</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Mo.</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Caroline Arnold</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Mo.</u> (STATE OR COUNTRY)	
17. INFORMANT <u>John M Gribler</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL <u>Cemetery</u> PLACE <u>Bush Creek</u> , DATE <u>Sept 25 1936</u>		
19. UNDERTAKER (ADDRESS)		
20. FILED <u>Oct 9 1936</u> <u>Ma J A Berry</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 24 1936

22. I HEREBY CERTIFY, That I attended deceased from August 24 1936 to August 29 1936
I last saw her alive on August 24 1936 Death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:
Bacillary Dysentery August 29 1936
+ Chronic Myocarditis 9/11/36

Other contributory causes of importance:
130

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 Dr. R. A. Smith, D.O., M.D.
(Signed) Dr. R. A. Smith, D.O., M.D.
(Address) P.O. Box #62 - Zalma, 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.

THIS IS A PERMANENT RECORD

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