

DEC 18 1936

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

Do not use this space.

1. PLACE OF DEATH

County Henry Registration District No. 347 File No. 41055
Township Honey Creek Primary Registration District No. 5491 Registered No. _____
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Amunda Belle Gilbert
(a) Residence, No. Clinton P.R.P. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. Jeff Gilbert
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29 1869
7. AGE YEARS 67 MONTHS 4 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
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) Henry Co Mo
13. NAME H B Collins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co Mo
15. MAIDEN NAME Mary Averette
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co Mo
17. INFORMANT (ADDRESS) Mrs Kathem Ferry Lawrence Law
18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 12/2 1936
19. UNDERTAKER (ADDRESS) Conroy & Peds Clinton Mo
20. FILED 12-5 1936 J R Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30 1936
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to Nov 30, 1936
I last saw her alive on Nov 25, 1936 Death is said to have occurred on the date stated above, at 4:45 A.M.

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

Pulmonary abscess Date of onset Oct/36

Other contributory causes of importance:

Lobar pneumonia Oct/36

Name of operation none Date of _____
What test confirmed diagnosis? chest 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) S. B. Hughes _____, M. D.
(Address) Clinton 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 UNFADING INK. THIS IS A PERMANENT RECORD.

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