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

FEB 26 1937

Do not use this space.

File No. 44275

Registered No. 2

1. PLACE OF DEATH

34 County Douglas

Township McKinley

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

Registration District No. 957

Primary Registration District No. 5395

2. FULL NAME Mrs Aragonia Gibson.

(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 9 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David G. Gibson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 3d. 1850

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
86	10	23	

OCCUPATION

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

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) Davis County Missouri

FATHER

13. NAME Henry Johnson

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

MOTHER

15. MAIDEN NAME Lucy Goodman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davis County. Mo.

17. INFORMANT (ADDRESS) Mrs V.C. Bartlett Willow Springs. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Arat DATE 12/28 / 36

19. UNDERTAKER (ADDRESS) Burns & Son Willow Springs. Mo.

20. FILED Jan. 15, 1937 Faye Thornton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1936, to Dec. 19, 1936

I last saw her alive on Dec. 19, 1936. Death is said to have occurred on the date stated above, at ....m.

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

	Date of onset
Uremia	

Other contributory causes of importance:

Chronic Nephritis	—

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 .....

(Signed) C. O. Davis, M. D.

(Address) Willow Springs Mo