

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

Do not use this space.

FEB 17 1937

2192

1. PLACE OF DEATH

County Mason

Registration District No. 0247

Township Mason

Primary Registration District No. 307A

City Hannibal

(No. Leavenworth Hospital)

File No. _____

Registered No. 23

St. _____ Ward _____

2. FULL NAME Baby Lee Gibson

(a) Residence, No. 612 Willow 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 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 Edward

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 5, 1893

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
43 1 4

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Mason County, Mo (STATE OR COUNTRY)

13. NAME L. D. Rhodes

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

15. MAIDEN NAME Maggie Gibson

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

17. INFORMANT Mr. Edward Gibson (ADDRESS) 612 Willow St. Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Riverside Cemetery DATE 1/12/1937

19. UNDERTAKER James O'Connell (ADDRESS) Hannibal, Mo

20. FILED Jan 16 1937 H. C. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9th, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-30, 1936, to 1-9, 1937

I last saw her alive on 1-9, 1937 Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Pelvic abscess Date of onset _____

Other contributory causes of importance: Sepsis

Name of operation Pelvic drainage Date of 12-30-37

What test confirmed diagnosis? sp 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) J. H. A. [Signature], M. D. (Address) Hannibal Mo

139B1

**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Marion

Registration District No. 347

File No. _____

Township _____

Primary Registration District No. 3029

Registered No. 33

City Hannibal (No. _____)

St. _____ Ward _____

2. FULL NAME Ruby Lee 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>43</u>	<u>1</u>	<u>4</u>	

OCCUPATION

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

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) _____

FATHER

13. NAME _____

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

MOTHER

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) Wm. L. Sells

20. FILED _____ 19 _____ Wm. L. Sells Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. 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:

pelvic abscess
Salpingitis (Cause unknown)

Other contributory causes of importance: _____

Date of onset _____

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) J. P. Hardesty, M. D.
(Address) Hannibal Mo

SUPPLEMENTARY
1341B1

CRUISE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE UNDERSTOOD BY ALL.

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