

MAR 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Butler*Registration District No. *89*Township *Paplar Bluff*Primary Registration District No. *5131*

City

(No. *2*)

St.

Ward

File No. *5242*Registered No. *45*2. FULL NAME *Mary Jane Gibbs*(a) Residence, No. *2nd N. Paplar Bluff Mo.*

(Usual place of abode)

Ward. *1*

(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)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF*Jerome Wm Gibbs*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 18 1870*

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.*66**1**19*

OCCUPATION

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

Housewife

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) *DuQuoin Ill*

MOTHER FATHER

13. NAME *Thomas Downs*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unk*15. MAIDEN NAME *Jane Boyd*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unk*17. INFORMANT *Richard Gibbs*
(ADDRESS) *R.F.D. 3, Paplar Bluff Mo.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Oak Hills* DATE *Feb 9 1937*19. UNDERTAKER *N.T. Phelps*
(ADDRESS) *Paplar Bluff Mo.*20. FILED *2101* *1937* *Whetsinger*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 7 1937*

22. I HEREBY CERTIFY, That I attended deceased from

*12-15 1937 to 2-7 1937*I last saw her alive on *2 1/2* 1937 Death is saidto have occurred on the date stated above, at *2:10 a.m.*

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

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

Myocarditis & Pleurisy with effusion

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

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) *W.M. Hunsicker* M. D.(Address) *Paplar Bluff Mo.*

WRITE PLAINLY, 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.

