

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

Do not use this space.

MAY 21 1937

1. PLACE OF DEATH

47 County Jasper Registration District No. 406 File No. 16619
Township Waco Primary Registration District No. 5560 Registered No. 8
City Waco (No. _____) St. _____ Ward _____

2. FULL NAME

Phyllis Joan Gilbert
(a) Residence, No. _____ St. _____ Ward Metairie Falls - Wash
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 14 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17 - 1935
7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
1 7 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Webb City Mo

FATHER 13. NAME Ray Gilbert

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

MOTHER 15. MAIDEN NAME Nellie Atkinson

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

17. INFORMANT Mrs. Nellie Gilbert
(ADDRESS) Metairie Falls - Wash

18. BURIAL, CREMATION, OR REMOVAL
PLACE Waco - Mo DATE Apr 9 1937

19. UNDERTAKER C. W. Roney
(ADDRESS) Carl Junction Mo.

20. FILED Apr 9 1937 C. W. Roney
Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Apr 6 1937, to Apr 6 1937.
I last saw her alive on Apr 6 1937. Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

Diabetes
59
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 _____ M. D.
(Signed) Dr. D. W. Sarge
(Address) Paris Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

