

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

Do not use this space.

**JUN 16 1937**

**1. PLACE OF DEATH**

4 County Audrain  
4 Township Saltriver  
7 City Mexico Mo. (No. 2)

Registration District No. 26  
Primary Registration District No. 3002

File No. 19312  
Registered No. 64  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Ella Gibbs.

(a) Residence, No. 227 West Love 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edgar Gibbs.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18 1867.

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<u>70</u>		<u>4</u>	<u>3</u>	

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

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) Audrain Co., Mo. (STATE OR COUNTRY)

13. NAME David Jesse

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

15. MAIDEN NAME Mary E Reed

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

17. INFORMANT Jesse Gibbs (ADDRESS) Mexico Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mexico Elmwood DATE 5-23, 1937

19. UNDERTAKER H A Precht & Son. (ADDRESS) Mexico Mo.

20. FILED May 22 1937 Blanche Neely Registrar

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1937, to May 21, 1937.

I last saw her alive on May 21, 1937 Death is said to have occurred on the date stated above, at 8:20 P. a.m.

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

Chronic myocardial degeneration with heart failure

Other contributory causes of importance: Chronic purulent bronchitis

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? No test. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide: Does not apply, 1937

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) J. H. Danison, M. D.

(Address) 112 Monroe St. Mexico 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.

