

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

Dr. Gossman

JUN 18 1937

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

Do not use this space.

19834

1. PLACE OF DEATH

96 County Cole Registration District No. 213
3 Township Primary Registration District No. 3014
8 City Jefferson (No.) St. Ward)

File No.

Registered No. 172

2. FULL NAME Mrs. Celia Gilbert

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ben C. Gilbert

22. I HEREBY CERTIFY, That I attended deceased from May 17 1937, to May 19 1937
I last saw him alive on May 19 1937 Death is said to have occurred on the date stated above, 11 P. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug--10-1882

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 54 9 9

Date of onset

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

60
1930

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

Carcinoma breast.

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

Other contributory causes of importance:

General Carcinomatosis metastatic.

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

Name of operation Radical breast Date of 1934

13. NAME Ben F. Goodin

What test confirmed diagnosis? Micro Was there an autopsy? (no)

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry County, Mo.

15. MAIDEN NAME Bettie Wiggs

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

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

Where did injury occur? (Specify city or town, county, and State)

*Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Mrs. Alice Pavitt (ADDRESS) Jefferson City, Missouri

Manner of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodtown Cem DATE May-21-1937

Nature of injury.....

19. UNDERTAKER (ADDRESS) Shope & Gordon Jefferson City, Mo.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) W. S. Adair, M. D.

20. FILED 5/21/37 W. S. Adair Registrar.

(Address) Jefferson City, Mo.

