

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.

74
99
JUL 31 1937

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

Do not use this space.

24534

1. PLACE OF DEATH
 County Henry Registration District No. 663
 Township St. Marys Primary Registration District No. 5881
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Mary C. Gibbar
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John C. Gibbar

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 23 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 3 22

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. Retired
 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) St. Genevieve Co Mo

MOTHER FATHER
 13. NAME Alfred Thompson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
 15. MAIDEN NAME Dorck Brewster
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT Mrs. Belle Henderson (ADDRESS) Rayville Mo R. 4

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hope DATE June 17 1937

19. UNDERTAKER Yadney & Sons (ADDRESS) Rayville Mo

20. FILED to 17 1937 W. H. J. Duwall Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15 1937

22. I HEREBY CERTIFY that I attended deceased from Aug 8th 1936, to June 15th 1937
 I last saw her, alive on June 10th 1937. Death is said to have occurred on the date stated above, at 2:15 P. M.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Liver
 Date of onset _____

Other contributory causes of importance: 40

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 N. L. P. Arves
 (Signed) _____ M. D.
 (Address) Rayville Mo.

Barks.

