DEC 20 1937

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

Do not use this space.

40071

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. ~~St. Luke's~~ Trinity's Hospital St. Ward)

File No.

Registered No. 2325

2. FULL NAME Laura F. Gibson

(a) Residence, No. 2004 East 36th 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: Worth Gibson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 3, 1850

7. AGE: 87 YEARS, 4 MONTHS, 28 DAYS. If LESS than 1 day, ... hrs. or ..... min.

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): Illinois

FATHER

13. NAME: A. S. Fisher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record

MOTHER

15. MAIDEN NAME: Sue Palmer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Mrs. C. S. Merriman, 8130 Holmes Street

18. BURIAL, ~~CREMATION OR REMOVAL~~ Forest Hill Cem.
PLACE Kansas City, Mo. DATE Nov. 2, 1937

19. UNDERTAKER (ADDRESS): Stine & McClure, Kansas City, Mo.

20. FILED 11/1, 1937 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): November 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1927, to Nov 1, 1937. I last saw her alive on Oct 30, 1937. Death is said to have occurred on the date stated above, at A. m. 12:45 A.

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

Chronic Myocarditis — Date of onset: Good Know

93c

Other contributory causes of importance:

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 .....

(Signed) C. S. Merriman, M. D.

(Address) 824 Rialto Bldg

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.