

REC'D MAY 11 1938

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

13900

Do not use this space.

1. PLACE OF DEATH

(a) County Andrew Registration District No. 13
(b) Township Madawasky Primary Registration District No. 4010 Registered No. _____
(c) City Savannah (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. 7 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME EDWARD HARVIN GILBERT 4016

(a) Residence, No. 1010 Williams Savannah Mo (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

'PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Beatrice Blackwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9 - 18 49

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 11 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Buyer for [unclear] [unclear]
9. Industry or business in which work was done, as saw mill, bank, etc. [unclear]
10. Date deceased last worked at this occupation (month and year) 1918 11. Total time (years) spent in this occupation 65

12. BIRTHPLACE (CITY OR TOWN) Peck Island Ill. (STATE OR COUNTRY) Mo.

13. NAME Edward Gilbert

14. BIRTHPLACE (CITY OR TOWN) New York (STATE OR COUNTRY) State

15. MAIDEN NAME Mary Jane Harvin

16. BIRTHPLACE (CITY OR TOWN) New York (STATE OR COUNTRY) State

17. INFORMANT (ADDRESS) Agnes Gilbert Savannah Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah DATE 4-19-1938

19. FUNERAL DIRECTOR (ADDRESS) E. C. Grier Savannah Mo

20. FILED 4-19-1938 Mrs A. Rekey Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-17-1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1937, to April 17, 1938.

I last saw him alive on April 17, 1938. Death is said to have occurred on the date stated above, at 10:45 a.m.

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

Flu

Date of onset

Oct 1 1937

Other contributory causes of importance:

Myocarditis

Name of operation _____ Date of _____

What test confirmed diagnosis? Physioid Was there an autopsy? no

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? no

If so, specify _____

(Signed) Ralph B. Kelley, M. D.(Address) Savannah Mo

STATEMENT BY LICENSED EMBALMER

I, E. C. Breit, Licensed Embalmer No. 2650

hereby certify that the body recorded on the reverse side of this certificate was embalmed by E. C. Breit

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed E. C. Breit

Licensed Embalmer No. 2650

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)