

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

Do not use this space.

DECEASED MAY 13 1938

14771

1. PLACE OF DEATH

County Holt
Township _____
City Maumond City (No. _____)

Registration District No. 372
Primary Registration District No. 448
(No. 42189)

File No. _____
Registered No. 957
St. _____ Ward _____

2. FULL NAME

Hannah Jane Gibson 125

(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

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 Calvin Gibson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 3rd 1848

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>89</u>	<u>4</u>	<u>25</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work.
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) Marion Co Ind.

FATHER 13. NAME Napoleon B Swain

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Elizabeth R Gray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Margaret Gibson
Maumond City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maumond City Cemetery DATE 5-1-38

19. UNDERTAKER (ADDRESS) W. H. Crawford
Maumond City Mo.

20. FILED 5-1- 19 38 J. C. Currey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1938, to April 28, 1938

I last saw him alive on April 28, 1938. Death is said to have occurred on the date stated above, at 6 P. m.

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

Pneumonia (acute)
Date of onset _____
Other contributory causes of importance: 1060

Name of operation _____ Date of _____
What test confirmed diagnosis? physician's 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? No

If so, specify _____
(Signed) D. J. Currey, M. D.
(Address) Maumond City 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.

