REC'D JUN 17 1938

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

Do not use this space.

1. PLACE OF DEATH
County New Madrid
Township Portageville
City Tallipoosa (No. ..... St. ..... Ward)
Registration District No. 607
Primary Registration District No. 5806
File No. 19010
Registered No. 31

2. FULL NAME Elender Victoria Gilbow 410
(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

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William N Gilbow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10-7-1859

7. AGE: YEARS 78 | MONTHS 7 | DAYS 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. housewife
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. Mary's, Mo. 6

FATHER
13. NAME: John W. Arbuckle 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: Mary Smith 1
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

17. INFORMANT (ADDRESS): L. A. Gilbow, Tallipoosa, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Portageville DATE 5-16-38 19

19. UNDERTAKER (ADDRESS): R. M. Payne, Portageville, Mo

20. FILED 6-9-38 19 Mary W. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 13, 1938, to May 14, 1938
I last saw her alive on May 14, 1938. Death is said to have occurred on the date stated above, at 6:15 A.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset: not known
Incomplete recovery from Bronchopneumonia — Mar 1938

Other contributory causes of importance: 93C
Arteriosclerosis — not known

Name of operation none Date of
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 none
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) F. M. Crawford, M.D.
(Address) Parma

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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