

REC'D JUN 8 1938

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

Do not use this space.

19739

1. PLACE OF DEATH

County StantonRegistration District No. 842Township LincolnPrimary Registration District No. 6259City Elroy (No. 1)

St. _____ Ward _____

2. FULL NAME

(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 Entire life mos. _____

How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Callie Gibson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 12 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>79</u>		<u>4</u>	<u>10</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>	11. Total time (years) spent in this occupation <u>life</u>
	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) <u>May 18 38</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crane, mo.13. NAME Haravil Gibson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crane, mo.15. MAIDEN NAME Mary Hill16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Antkoon17. INFORMANT (ADDRESS) Mary Gibson Crane mo18. BURIAL, CREMATION, OR REMOVAL PLACE Marionville DATE May 23 193819. UNDERTAKER (ADDRESS) Everett Cheatham20. FILED 5-25 1938 Mrs. Ethel Donah Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 193822. I HEREBY CERTIFY, That I attended deceased from May 1 1938 to May 22 1938I last saw him alive on May 22 1938 Death is said to have occurred on the date stated above, at 6:59 a.m.

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

systemic thrombosis

Date of onset

Other contributory causes of importance:

ArteriosclerosisName of operation none Date of _____What test confirmed diagnosis? none 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 no(Signed) J. H. [Signature], M. D.(Address) Gibson 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.

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