

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson Registration District No. 420
 Township Waller Primary Registration District No. 3072
 City Wesley (No. _____) St. _____ Ward _____

File No. 25669
 Registered No. 52

2. FULL NAME

Martha Gibbons 159
 (a) Residence, No. 1004 N. Second St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED unmarried

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20 1938

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George A. Gibbons

22. I HEREBY CERTIFY, That I attended deceased from 7-18, 1938, to 7-19, 1938
 I last saw her alive on 7-19-38 1938 Death is said to have occurred on the date stated above, at 11:30 PM

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 12 - 1859
 7. AGE YEARS 79 MONTHS 5 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife
 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 0

arterio-sclerotic heart disease
nephrosclerosis
95%
 Date of onset unknown
unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wematite Mo

Other contributory causes of importance:

MOTHER FATHER 13. NAME Tom Calahan

Name of operation none Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

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

MOTHER 15. MAIDEN NAME Catherine Williams

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 19____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wematite Mo

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) James Gibbons

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE burial DATE July - 21 - 1938

Manner of injury _____ Nature of injury _____

19. UNDERTAKER (ADDRESS) mother's

24. Was disease or injury in any way related to occupation of deceased? no

20. FILED 8-2 1938 Geneva Donnell Registrar.

If so, specify _____ (Signed) Paul V. McPherson, M. D.
Dr. S. S. ... (Address) _____

