

REC'D NOV 18 1938

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

35020
 Do not use this space.

1. PLACE OF DEATH
 (a) County Bates Registration District No. 56
 (b) Township Butte Primary Registration District No. 300K Registered No. 63
 (c) City Butte (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.
2. PRINT FULL NAME Laura E. Gibson
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. J. Gibson
 7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 14, 1867
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 9 3
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
 9. Industry or business in which work was done, as 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) Ohio

- FATHER 13. NAME Francis Rabe
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

- MOTHER 15. MAIDEN NAME Emma Johnson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) J. G. Rabe, Butte, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Oct 18, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Culver, Butte, Mo.

20. FILED Oct 18, 1938 Thos. H. Culver Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1938 to Sept 17, 38, 1938.

I last saw her alive on Sept 16, 38, 1938. Death is said to have occurred on the date stated above, at 7 A.M.

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

Bronchial Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation None Date of _____
 What test confirmed diagnosis? _____ 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 C. M. Rice, M. D.
 (Signed) _____ (Address) Butte, Mo.

RECEIVED

District Health Officer No. 7,

District File Number 7-38-390

Date Filed 11-14-38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed

Henry G. Finell

Licensed Embalmer No. 3111

P. O. Address

Butler Ave

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.)

If this body is not embalmed, above space should be left blank.