

NOV 17 1938

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

35533
Do not use this space.

1. PLACE OF DEATH

(a) County Davies Registration District No. 253
(b) Township Jackson Primary Registration District No. 353B Registered No. _____
(c) City _____ (d) Street No. 3 miles N. W. of Lock Springs, Mo. St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mollie J. (Gibson) Peery

(a) Residence, No. 3 miles N. W. Lock Springs, Mo. (Usual place of abode, if no street address, write county or city) (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. R. Peery

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17, 1872

7. AGE YEARS 66 MONTHS 1 DAYS 8 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Unknown (STATE OR COUNTRY) Virginia

FATHER 13. NAME R. T. Gibson
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Susan Buchanan
16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Virginia

17. INFORMANT W. R. Peery (ADDRESS) Lock Springs, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Clear Creek Cem DATE 10-27, 1938

19. FUNERAL DIRECTOR (NAME) Frank B. Norman (ADDRESS) Chillicothe, Missouri

20. FILED 26 19 26 A. G. Murrish Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1938, to Oct 25, 1938
I last saw her alive on Oct 25, 1938 Death is said to have occurred on the date stated above, at 8 p.m.

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

Muscular Regeneration Date of onset

Other contributory causes of importance: 92w

Name of operation _____ 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 _____ (Signed) A. G. Murrish, M. D.

(Address) Lock Springs, 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.

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, Elton F. Norman

& E. R. Norman (2374)

, or by

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

Signed

Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri

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.