JAN 11 1939

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

Do not use this space. 42780

1. PLACE OF DEATH
(a) County Clinton 2
(b) Township Shoal 1
(c) City Cameron 1
Registration District No. 204
Primary Registration District No. 3013
Registered No. 56
(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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Eldora Gibson.
(a) Residence, No. 125 S. Cherry St. St.
(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 Wm. Gibson.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10, 1871.

7. AGE: Years 67 | Months 5 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. At home
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) Gallatin Mo

FATHER
13. NAME B. F. Worden
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gallatin Mo

MOTHER
15. MAIDEN NAME Nancy Elizabeth Lambert
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

17. INFORMANT Mrs Theo Gibson (ADDRESS) Cameron Mo

18. BURIAL, CREMATION, OR REMOVAL Cameron Mo
PLACE Graceland Cem. DATE Dec. 9, 1938

19. FUNERAL DIRECTOR (NAME) J. W. Poland (ADDRESS) Cameron

20. FILED 12/9, 1938 D. O. Hurley Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1938 to Dec 7, 1938
I last saw he alive on Dec 7, 1938 Death is said to have occurred on the date stated above, at 9:40 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
chronic nephritis	
chronic myocarditis	

Other contributory causes of importance: 321

Name of operation ..... 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? ..... 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? No.
If so, specify .....
(Signed) J. D. Nunes, M. D.
(Address) Cameron, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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, ...
A. H. Doolen, or by .....,

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

Signed A. H. Doolen

Licensed Embalmer No. 4032

P. O. Address Cameron, Mo

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.