

REC'D MAY 16 1939

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

15676  
Do not use this space.

1. PLACE OF DEATH

(a) County Wodaway Registration District No. 625  
(b) Township Maryville Primary Registration District No. 3031 Registered No. 5-8  
(c) City Maryville (d) Street No. St. Frances Hospital 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

Anna Laura Gilbert  
(a) Residence, No. 822 E 4th Maryville Mo 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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Marion Gilbert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 1 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
27 8 25

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Homework  
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) Hopkins Mo (STATE OR COUNTRY) 0

FATHER  
13. NAME Emmett Gilbert

14. BIRTHPLACE (CITY OR TOWN) Lee County (STATE OR COUNTRY) Virginia

MOTHER  
15. MAIDEN NAME Rose Wilder

16. BIRTHPLACE (CITY OR TOWN) Lee County (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) James M. Gilbert  
Maryville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bolekov, Mo DATE April 28 1939

19. FUNERAL DIRECTOR (NAME) Prie Funeral Home (ADDRESS) Maryville Mo

20. FILED 4-28 19 1939 Mamie E. Clardy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-26 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-16, 1939, to 4-26, 1939

I last saw her alive on 4-26, 1939 Death is said to have occurred on the date stated above, at 6:30 p. m.

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

Chronic Myocarditis  
Congenital patent Foramen Ovale  
Pulvic Abscess Cystic Degeneration of Left Atery

Other contributory causes of importance

Date of onset

Name of operation Drainage of Pulvic Abscess Date of 4-24-39

What test confirmed diagnosis? Pulvic Abscess 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?

(Signed) W.R. Jackson, M. D. (Address) Maryville, 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.

RECEIVED  
District Health Officer No. 11,  
District File Number 11-89-5-20  
MAY 15 1939  
Date Filed

**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.....

*Clem M Price*

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Clem M Price*

Licensed Embalmer No. *1822*

P. O. Address *Marvill N*

**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.