

JUN 5 1939

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

Do not use this space.

1. PLACE OF DEATH

County Repley  
Township 24-1-W  
City 12 (No. 12)

Registration District No. 752  
Primary Registration District No. 3993

File No. 19601  
Registered No. 5  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (or) WIFE OF <u>Bruce Gibson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-11-1862</u>		
7. AGE YEARS <u>77</u>	MONTHS <u>2</u>	DAYS <u>16</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1939</u>	
11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Worm, Spring Arkansas</u>		
MOTHER / FATHER	13. NAME <u>Wm. J. Russell</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark.</u>	
	15. MAIDEN NAME <u>Allen</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark.</u>	
17. INFORMANT <u>Bruce Gibson</u> (ADDRESS) <u>Bassett, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Repley Cem.</u> DATE <u>5-28</u> 19 <u>39</u>		
19. UNDERTAKER <u>Family + friends</u> (ADDRESS) _____		
20. FILED <u>5, 24</u> 19 <u>39</u> , <u>G. J. Sprague</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-27-1939

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1939, to May 27, 1939.  
I last saw him alive on May 27, 1939. Death is said to have occurred on the date stated above, at 3:00 p.m.  
The principal cause of death and related causes of importance were as follows:  
Arteriosclerosis  
95

Other contributory causes of importance:  
Acute Indigestion

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) D. W. Patton, M. D.  
(Address) Patton Ho

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.

