REC'D AUG 10 1939

Dr. Toalson

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

24904
Do not use this space.

1. PLACE OF DEATH
(a) County Audrain Registration District No. 26
(b) Township Salt River Primary Registration District No. 3002 Registered No. 101
(c) City Mexico Mo (d) Street No. 403 South Clark 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 19 yrs. 3 mos. 13 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 416 Eleanor Jane (Null) Gilbert
(a) Residence, No. 403 So. Clark 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 Glenn Gilbert
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 26 - 1920
7. AGE YEARS 19 MONTHS 3 DAYS 13 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.
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) Mexico Mo.

FATHER
13. NAME Jewell Null
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Troy Mo.

MOTHER
15. MAIDEN NAME Edna Ellis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Audrain Co. Mo.

17. INFORMANT (ADDRESS) Edna Null Mexico Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood Mexico Mo. DATE July 10 - 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) McPheeters Bros Mexico Mo.
20. FILED July 9, 1939 Blanche Kelly Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8/4,30 A.M., 1939.
22. I HEREBY CERTIFY, That I attended deceased from July 2, 1939, to July 8 - 1939
I last saw h[illegible] alive on July 8, 1939 Death is said to have occurred on the date stated above, at 4 30 A.m.
The principal cause of death and related causes of importance were as follows:
Heart failure Asystolic
Kidney's from
Miscarriage
14 6
Date of onset
Other contributory causes of importance:
Miscarriage Kidney
Infection
Name of operation None 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) G. F. Toalson, M. D.
23 (Address) Mexico 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.

[illegible] WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED
District Health Officer No. 10
District File Number 8-39-1402
Date Filed AUG 8 1939

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 McPhetters Bros — Ray McPhetters

Licensed Embalmer No. 1133

P. O. Address Meyers Md.

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.