REC'D AUG 11 1939

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

Do not use this space. 25125

1. PLACE OF DEATH
(a) County Buchanan,
(b) Township
(c) City St. Joseph,
(d) Street No. St. Joseph's 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. 7 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 85
Primary Registration District No. 1301
Registered No. 737

2. PRINT FULL NAME 163 Monta Sarah Gabbert,
(a) Residence, No. St. Grant City, 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): Widowed,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Adam Gabbert,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 9th. 1877
7. AGE: YEARS 61, MONTHS 8, DAYS 22, If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At Home,
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): Gentry, Missouri, 0

FATHER
13. NAME: Henry Blaylock, 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown, 1

MOTHER
15. MAIDEN NAME: Mary Bailey,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Illinois.

17. INFORMANT (ADDRESS): Miss LaVon Gabbert, Lusk, Wyoming,
18. BURIAL, CREMATION, OR REMOVAL
PLACE Grant City, Mo. DATE July 31, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Kraton-Bussell & Bowman, 319 So. 10th. Str. Funeral Director
20. FILED July 31, 1939 H. J. Nettlebush, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 31, 1939
22. I HEREBY CERTIFY, That I attended deceased from July 26, 1939, to July 31st, 1939
I last saw her alive on July 30, 1939. Death is said to have occurred on the date stated above, at 5:00 a.m.
The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction from Cancer of rectum. 46

Date of onset

Other contributory causes of importance:
Old recto vaginal fistula

Name of operation: Colostomy Date of 7-29-39
What test confirmed diagnosis? Operative 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) Paul Forgrave, M. D.
(Address) St Joseph, 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, July 31, 193

.....; or by .....

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

Signed W. E. Summers M.D.

Licensed Embalmer No. 3007

P. O. Address St. Joseph Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.