

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

37459
Do not use this space.

NOV 24 1939

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.

1. PLACE OF DEATH
 (a) County Vernon Registration District No. 875
 (b) Township Antes Primary Registration District No. 3039 Registered No. 266
 (c) City Merada (d) Street No. 403 S. Adams 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 10 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Margaret F. Gibson
 (a) Residence, No. 403 S. Adams 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Daniel M. Gibson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7, 1861

7. AGE YEARS MONTHS DMS If LESS than 1 day,hra. ormin.
78 .3 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

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) Cumberland Gap Tennessee

13. NAME Joseph White

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cumberland Gap Tennessee

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT D. F. Gibson (ADDRESS) Merada, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hunter's Cemetery DATE Oct 27, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fern Funeral Home Merada, Mo.

20. FILED Oct 26, 1939 Allen V. Mayo Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19, 1939

22. HEREBY CERTIFY, That I attended deceased from Jan 10, 1935, to Oct 19, 1939.
 I last saw her alive on Oct 9, 1939. Death is said to have occurred on the date stated above, at 1:20 p.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage followed by Coma
Dementia
 Date of onset 8/20

Other contributory causes of importance:
Advanced age.

Name of operation Medical Exam Date of no
 What test confirmed diagnosis 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. P. Ford M. D.
 (Address) Merada, Mo.

RECEIVED

District Health Officer No. 7,

District File Number 7-39-16-48

Date Filed 11-6-39

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 Personally

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

L. B. Ferry

Licensed Embalmer No. 1760

P. O. Address Newada, 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.