

0. 2
13-40
17-39
X23150

26813

DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 239

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Galloway

(a) County _____

(b) City or town Fulton, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital no 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 yrs 3 mo 22 day
(Specify whether years, months or days)

In this community 4 yrs 3 mo 22 day

2. USUAL RESIDENCE OF DECEASED: 14

(a) State Mo (b) County Clark

(c) City or town Kahoka rural 2
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Mrs Lucinda Gilbert

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

20. DATE OF DEATH: Month July day 29
year 1942 hour 3 minute 25 A.M.

21. I hereby certify that I attended the deceased from July
1, 1942, to July 29, 1942.

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, 2 divorced widow

6. (b) Name of husband or wife George Gilbert 6. (c) Age of husband or wife if alive years 12 1860

7. Birth date of deceased May (Month) 12 (Day) 1860 (Year)

that I last saw her alive on July 28, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis

Duration

8. AGE: Years 82 Months 2 Days 17 If less than one day hr. _____ min.

Due to _____

9. Birthplace Ohens Mo 0
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) §20

10. Usual occupation Housewife

Major findings: Of operations _____

11. Industry or business _____

12. Name John Dasher

13. Birthplace Va. 1
(City, town, or county) (State or foreign country)

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

14. Maiden name Caroline Anderson

15. Birthplace Ky. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Record

(b) Address _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

17. (a) Removal (b) Date thereof 7/29/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kahoka, Mo

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

18. (a) Signature of funeral director Geo. G. Wallace

(b) Address Fulton Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

19. (a) 7-29-42 (b) Joan Moravichoff
(Date received local registrar) (Registrar's signature)

23. Signature George H. Reur (M. D. or other) MA

Address Fulton Mo Date signed 7/29/42

1149 (Licensed Embalmer's Statement on Reverse Side)

