

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

Do not use this space.

34260

**1. PLACE OF DEATH**

County Lewis  
Township Shawnee  
City Huntsville (No. ....)

Registration District No. 358  
Primary Registration District No. 5502

File No. ....  
Registered No. 7  
St. .... Ward)

**2. FULL NAME**

Margaret Ann Gilbert

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

|  |                                  |  |
|--|----------------------------------|--|
| 3. SEX<br><u>Female</u>  | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)<br><u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Peter Gilbert</u>   |                                  |  |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR)<br><u>3-28-1835</u>   |                                  |  |
| 7. AGE   | YEARS<br><u>96</u>               | MONTHS<br><u>6</u>   |
|  | DAY<br><u>20</u>                 | IF LESS than 1 day, ..... hrs. or ..... min.                               |
| 8. OCCUPATION OF DECEASED<br>(a) Trade, profession, or particular kind of work<br><u>Housekeeper</u><br>(b) General nature of industry, business, or establishment in which employed (or employer)<br>(c) Name of employer |                                  |  |

|         |   |
|---------|---|
| PARENTS | 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Virginia</u>            |
|         | 10. NAME OF FATHER<br><u>Wash. Gibson</u>                                     |
|         | 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Virginia</u> |
|         | 12. MAIDEN NAME OF MOTHER<br><u>Margaret Ann</u>                              |
|         | 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Virginia</u> |

|  |
|--|
| 14. INFORMANT (Address)<br><u>J. J. Gilbert</u><br><u>R. S. D. Clinton</u> |
| 15. FILED <u>10/20 1931</u> <u>E. G. Hibler</u> REGISTRAR                  |

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 18 1931

17. I HEREBY CERTIFY, That I attended deceased from for the last 19. 80 yrs 19. that I last saw her alive on Oct 18 1931, and that death occurred, on the date stated above, at 2:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
No Disease determined  
over aut

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH .....  
DID AN OPERATION PRECEDE DEATH? no DATE OF .....  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) J. B. Beatty M. D.  
Oct 19 1931 (Address) Chilhowe Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

|  |                                     |
|--|-------------------------------------|
| 19. PLACE OF BURIAL, CREMATION, OR REMOVAL<br><u>Paul Carr</u> | DATE OF BURIAL<br><u>10-19 1931</u> |
| 20. UNDERTAKER<br><u>A. H. Sims</u>                            | ADDRESS<br><u>Clinton Mo.</u>       |

NOV 24 1931

Statement of OCCUPATION is very important.

