WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FEB 18 1931

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

Do not use this space.

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1. PLACE OF DEATH

County: Greene — Registration District No. 318 — File No.

Township: — Primary Registration District No. 2041 — Registered No.

City: Springfield Mo 1523 N. Jefferson St. Ward)

2. FULL NAME: Mrs Gertrude Gipson

(a) Residence. No. 1523 Mo. Jefferson St. Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: F

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: Alfred Gipson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 12-25-1873

7. AGE: Years 57 — Months 0 — Days 27 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 235

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana 2

PARENTS

10. NAME OF FATHER: Francis Werner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio

12. MAIDEN NAME OF MOTHER: Kelley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio

14. INFORMANT: Mrs Francis Werner
(Address) Springfield Mo

15. FILED 1-24, 1931 Don Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 1-22 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug. 1930, to 1/22, 1931, that I last saw her alive on 1/21, 19..., and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Arterio Sclerosis

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(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Chronic nephritis

(duration) 2 yrs. mos. ds.

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?

(Signed) J. B. Lemmon, M. D.

1/23, 1931 (Address) SPRINGFIELD, 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: Maple Park — DATE OF BURIAL: 1-24 1931

20. UNDERTAKER: Alma Lohmeyer Funeral Home — ADDRESS: 534 St Louis

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