

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

Do not use this space.

1. PLACE OF DEATH

County Boone Registration District No. 73
Township _____ Primary Registration District No. 3006
City Columbia (No. _____) St. _____ Ward _____

File No. 40141
Registered No. 262
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 309-N, 9th St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>David D. Gigoby</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 27, 1854</u>		
7. AGE	YEARS	MONTHS
	<u>77</u>	<u>10</u>
		<u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeping</u>		
9. Industry or business in which work was done, as silk mill, 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) <u>Lebanon, Ky</u>		
13. NAME <u>Joseph Gunk</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Waverly, Ky</u>		
15. MAIDEN NAME <u>Annie R. Hinchey</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dansville, Ky</u>		
17. INFORMANT <u>Sagan C. Gigoby</u> (ADDRESS) <u>1609 Sullivan Ave, Tulsa, Okla.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Columbia Cemetery Dec 22, 1931</u>		
19. UNDERTAKER (ADDRESS) <u>B. F. Baker</u> <u>Columbia, Mo</u>		
20. FILED <u>12/31/31</u> <u>F. C. Suggs</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 1931 to Dec 20 1931
I last saw him alive on Dec 19 1931. Death is said to have occurred on the date stated above, at 7:10A.
The principal cause of death and related causes of importance were as follows:
Cerebral Haemorrhage
Had no physician for several years. I had never visited her before and knew nothing of her previous condition.
Other contributory causes of importance:
None
Name of operation Housewife Date of _____
What test confirmed diagnosis? None 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) W. J. Campschmidt, M. D.
(Address) Columbia, Mo

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.

JAN 20 1932



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