

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County New Madrid

Registration District No. _____

Township WestPrimary Registration District No. 5797

City _____

(No. _____)

File No. _____

Registered No. 1

St. _____

Ward _____

2. FULL NAME Margie Lucille Gipson

(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 4 yrs.

mos.

ds.

How long in U. S., if of foreign birth? _____

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 15, 1915

7. AGE

YEARS 18MONTHS 3DAYS 8

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

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) Canaan, Mo.

FATHER

13. NAME Clarence Otto Gipson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marehous, Mo.

MOTHER

15. MAIDEN NAME Sella Poylot16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston, Mo.17. INFORMANT Clarence Otto Gipson(ADDRESS) Mathews, Mo., R. #3

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park, Liberty, Mo.DATE Jan. 24, 193419. UNDERTAKER J. W. Allbritton(ADDRESS) Liberton, Mo.20. FILED Feb 16, 1934Jas D. Kocher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 193422. I HEREBY CERTIFY, That I attended deceased from dead when I arrived, 19____.

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 3:00 A. m.

The principal cause of death and related causes of importance were as follows:

From history given Date of onset _____Cerebral hemorrhage(sick only 6 hours)

Other contributory causes of importance: _____

8:2 AName of operation None Date of _____What test confirmed diagnosis? _____ 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) J. W. Allbritton, M. D.(Address) Liberton, Mo.1985-#
B

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.

