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.

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

OCT 19 1934

Do not use this space.

1. PLACE OF DEATH

10 3 8

County Boone — Registration District No. 73 — File No. 31935

Township — Primary Registration District No. 3006 — Registered No. 226

City Columbia, Mo (No. ..... St. ..... Ward)

2. FULL NAME Georgia Lee Gibb

(a) Residence, No. Armstrong Mo 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Baby

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feby 20 1933

7. AGE: YEARS 1 — MONTHS 6 — DAYS 21 — 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.: Baby
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): Sewis Co., Mo.

FATHER

13. NAME: Arthur G. Gibb
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Howard Co., Mo.

MOTHER

15. MAIDEN NAME: Mary Lee Limerick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boone Co., Mo.

17. INFORMANT (ADDRESS): Mary Lee Limerick, Armstrong Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Roanoke Cem DATE Sept 12, 1934

19. UNDERTAKER (ADDRESS): R. O. Willett, Columbia, Mo.

20. FILED 9/11/ 1934 Allie Selby, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/10/34, 19..., to 9/11/34, 19...
I last saw her alive on 9/11/34, 19..... Death is said to have occurred on the date stated above, at 1.30 A.m.
The principal cause of death and related causes of importance were as follows:

Cholera Infantum — Date of onset

11 9 A

Other contributory causes of importance:

11 9 A

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) G. A. Bradford, M. D.
(Address) Columbia, Mo.

Dr Brad
S 9th St