OCT 23 193?

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

Do not use this space.

29346

1. PLACE OF DEATH

County _Henry_   Registration District No. _347_   File No. ____

Township _Leesville_   Primary Registration District No. _5501A_   Registered No. ____

City _Clinton, R.R._ (No. ____)   St. ____ Ward ____

2. FULL NAME _Laura Bell 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 _2 yrs._ mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

3. SEX _Female_   **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 _John Lester Gilbert_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _6-9-1868_

7. AGE YEARS _67_ MONTHS _2_ DAYS _27_ If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

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

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 _life_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Wayne Co. Illinois_

FATHER

13. NAME _James Evans_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Ohio_

MOTHER

15. MAIDEN NAME _Thresa Shaddock_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Ohio_

17. INFORMANT (ADDRESS) _John Lester Gilbert Clinton, Mo_

18. BURIAL, CREMATION, OR REMOVAL PLACE _Parks Chapel_ DATE _9-7_ 19 _35_

19. UNDERTAKER (ADDRESS) _Fred Dickinson Clinton, Mo_

20. FILED _Sept 16 1935_ _J R Hampton_ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _9-6-_ 19 _35_

22. I HEREBY CERTIFY, That I attended deceased from _8-16_, 19 _35_, to _9-6_, 19 _35_

I last saw h___ alive on _9-5_, 19 _35_ Death is said to have occurred on the date stated above, at _12.5 P._ m.

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

Pulmonary Edema
Rt. Sided Thrombosis
Myocarditis
Chr. Interstitial Nephritis

Other contributory causes of importance:

Hypertension

_131_

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) _E. E. Peelor_, M. D.

(Address) _Clinton, Mo_