MAY 17 1937

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

Do not use this space.

File No. 15621

Registered No.

1. PLACE OF DEATH
County: Barton
Township: Milford
City: (No. , St. Ward)

Registration District No. 48
Primary Registration District No. 5067

2. FULL NAME: Martha Olivia Gibbs

(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 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): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 23. 1854

7. AGE: Years 82 Months 11 Days 25 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.: at Home
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): Springfield Ill

FATHER
13. NAME: John Lawrence Hawthorne
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland

MOTHER
15. MAIDEN NAME: Evelyn Golsby
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): John H Gibbs Casper Wyo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Howell Cem. DATE , 19

19. UNDERTAKER (ADDRESS): G. B. Berry & Sons Sheldon Mo

20. FILED 3-18-, 1937 Harvey B Wilcox Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1937, to March 17, 1937
I last saw her alive on March 14, 1937. Death is said to have occurred on the date stated above, at 7:45 A.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset March 9

Other contributory causes of importance:
Senility
Influenza — Feb 8 '37

Name of operation Date of
What test confirmed diagnosis? Clinical 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) Jerm T. Bickel, M. D.
(Address) Lamar, Mo.

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

Do not use this space.

1. PLACE OF DEATH
County: Barton
Township: Milford
City: (No. ..., ... St. ..... Ward)

Registration District No.: 48
Primary Registration District No.: 3067

File No.: 15-621
Registered No.:

2. FULL NAME: Martha Olive Gibb

(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 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: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Wid

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

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

7. AGE: YEARS 82 | MONTHS 11 | DAYS 25 | 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 spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE Mar 21, 1937

19. UNDERTAKER (ADDRESS)

20. FILED 3/18/, 1937 Harvey B Wilcox Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 18, 1937

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

	Date of onset

Other contributory causes of importance:

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? .....
If so, specify .....
(Signed) Vern T Bickel, M. D.
(Address) Lamar Mo

N. B.—Every item of information should be supplied. Age should be given in years, months and days. Cause of death may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so ...

5-15621