MAY 19 1937

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

Do not use this space.

File No. 16150

Registered No. 47

1. PLACE OF DEATH
27 County Cooper
Township Clear Creek
City Pleasant Green (No. ..... St. ..... Ward)

Registration District No. 223
Primary Registration District No. 53014

2. FULL NAME Alice Gibson

(a) Residence, No. near Pleasant Green Ward Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-30-1878

7. AGE: Years 58 | Months 8 | Days 9 | 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) Apr-9-1937
11. Total time (years) spent in this occupation 40.

12. BIRTHPLACE (CITY OR TOWN) Pleasant Green
(STATE OR COUNTRY) Missouri

FATHER

13. NAME David Cole
14. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY) unknown

MOTHER

15. MAIDEN NAME Mary Warden
16. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY) unknown

17. INFORMANT Berl Gibson
(ADDRESS) Syracuse - Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Green DATE Apr-11-1937

19. UNDERTAKER Mayo & McClain
(ADDRESS) Pilot Grove Mo

20. FILED 4/14 1937 H. B. Rissler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 9, 1937, to Apr 9, 1937
I last saw her alive on April 9, 1937. Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

Rupture Aneurism - sudden — Date of onset

Other contributory causes of importance: no

Name of operation None 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) Chas Landy, M. D.
(Address) Pilot Grove