REC'D DEC 12 1938

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

37604
Do not use this space.

1. PLACE OF DEATH

(a) County 1 Registration District No. 791

(b) Township Primary Registration District No. Registered No. 9931

(c) City St. Louis 1 (d) Street No. BARNES HOSP. 1003 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred N.R. yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Annie Elizabeth Gibson

(a) Residence, No. 125 St. NR Charleston Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 L. Gibson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31-1850

7. AGE: Years 88 Months 5 Days 15 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWIFE
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1937
11. Total time (years) spent in this occupation 50 YRS.

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

FATHER

13. NAME James T. Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER

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

17. INFORMANT (ADDRESS) JOHN L. GIBSON CHARLESTON, MISSOURI.

18. BURIAL, CREMATION, OR REMOVAL PLACE Charleston, Mo DATE NOV. 18- 1938

19. FUNERAL DIRECTOR (NAME) ALBERT H. HOPPE, INC. (ADDRESS) 4700 Washington Blvd.

20. FILED NOV 19 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-16 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-14 1938, to 11-16 1938

I last saw h.er alive on 11-16 1938. Death is said to have occurred on the date stated above, at 6:35 p.m.

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

	Date of onset
Senility	
Generalized Arteriosclerosis	
Arteriosclerotic Gangrene Left Foot	

Other contributory causes of importance:

Name of operation Mid Thigh Amputation left foot Date of 11-15-38

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?

If so, specify

(Signed) Thos. E. Vaughan, M. D.

(Address) BARNES HOSPITAL

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....Albert E. Knapp

Licensed Embalmer No.....2971

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.