

REC'D FEB 21 1939

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

1954

Do not use this space.

1. PLACE OF DEATH

(a) County Cedar Registration District No. 165
 (b) Township Jefferson Primary Registration District No. 5230 Registered No. 98
 (c) City Stockton, Mo. (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Eliza Jane Gipson

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
82 5 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OhioFATHER 13. NAME William Bandon14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PennMOTHER 15. MAIDEN NAME Fannie Hoak16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn17. INFORMANT (ADDRESS) O. C. Gipson
Stockton, Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE Lindley Parrie DATE Jan. 18, 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) W. C. Davis
Stockton, Missouri20. FILED Jan 18, 1939 Max G. Brown
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 17, 193922. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1939, to Jan 17, 1939

I last saw her alive on Jan 17, 1939 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:

Cerebral Hemorrhage Date of onset _____

Other contributory causes of importance: 8261

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 _____, 1938

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) A. J. J. J., M. D.(Address) Stockton, Mo.

RECEIVED

District Health Officer No. 7,
District File Number 7-29-283
Date Filed 2-10-29

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

Licensed Embalmer No.

P. O. Address

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

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