

MAY 10 1939

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

13873  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Newton Primary Registration District No. 1007 Registered No. 1627  
(c) City W.C. Mo. (d) Street No. General Hospital #2 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

125 Lula Gibson  
(a) Residence, No. 1026 Brooklyn 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 Coloured 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 26, 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
46 2 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Domestic  
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) LouisianaFATHER 13. NAME Henry Milton14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La.MOTHER 15. MAIDEN NAME Sarah Euk.16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La.17. INFORMANT (ADDRESS) Record Clerk General Hospital #218. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln DATE 4/19/3919. FUNERAL DIRECTOR (ADDRESS) Watkins Bros. 1729 Lydes20. FILED Apr 18, 1939 W.C. Mo. Crowe Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-13-193922. I HEREBY CERTIFY, That I attended deceased from 3-27, 1939 to 4-13, 1939

I last saw her alive on 4-13, 1939 Death is said to have occurred on the date stated above, at 1:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Generalized Peritonitis following Operation  
Date of onset

Other contributory causes of importance: 121Appendiceal Abscess

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1939

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) J. O. Turner, M. D.(Address) General Hospital #2

STATEMENT BY LICENSED EMBALMER

I, T. B. Harkin, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed T. B. Harkin

Licensed Embalmer No. 2889

**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.)**