NOV 16 1939

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

36587
Do not use this space.

1. PLACE OF DEATH

(a) County Livingston — Registration District No. 508

(b) Township Rich Hill — Primary Registration District No. 5685 — Registered No. 135

(c) or City ~~XXXXXXXXXX~~ — (d) Street No. ..... 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. ds.

2. PRINT FULL NAME Amanda Gilbert

(a) Residence, No. (Rural) 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23, 1861

7. AGE. YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
78	1	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
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) Livingston Co. Missouri

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

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

17. INFORMANT (ADDRESS) May Saale Chillicothe, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ross Cem. DATE Nov. 2, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) James D. Gordon Chillicothe, Mo.

20. FILED 11-1 1939 H M Grace, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct - 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from July, 1939, to 10-31-1939
I last saw her alive on 10-24-39, 1939. Death is said to have occurred on the date stated above, at 6 32 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Uterus	

Other contributory causes of importance: 48

Name of operation ✓ Date of ✓
What test confirmed diagnosis Physical 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) Reuben Barney, M. D.
(Address) Chillicothe Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

I X16605

RECEIVED
[illegible] Officer No. 11,
[illegible] 1139-1503
[illegible] NOV 28 1939

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 Donald F. Gordon, Registered Apprentice No. 223 working under my personal supervision.

Signed James D Gordon

Licensed Embalmer No. 1870

P. O. Address Chillicothe M

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

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