

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

FILED FEB 9 1948

Registration District No. 20

Primary Registration District No. 4194

Registrar's No. 241

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town Albany
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry
(c) City or town Albany
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Margaret Gibson Whaley

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife R. L. Whaley 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 15 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 6 6 _____ hr. _____ min.

9. Birthplace Portage Wisc.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name John Gibson

13. Birthplace Unk. Scotland
(City, town, or county) (State or foreign country)

14. Maiden name Agnes Clolland

15. Birthplace Unk. Scotland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Moisten Whaley

(b) Address Albany, Missouri

17. (a) Burial (b) Date thereof 1-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director [Signature]

(b) Address Albany, Missouri

19. (a) Jan 28 1948 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21
year 1948 hour 8 minute 15 A. M.

21. I hereby certify that I attended the deceased from Dec. 1-47
2 1947 to Jan 19 1948
that I last saw her alive on Jan 19 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Nephritis Duration 4 yrs.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Frank H. Rose (M. D. or other) M.D.

Address Albany, Mo Date signed 1-23-48

PHYSICIAN
Underline the cause to which death should be charged statistically.

