

JAN 9 8 1929

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

Do not use this space.

42190

1. PLACE OF DEATH

County Ray  
Township Richmond  
City Richmond (No. ....)

Registration District No. 744  
Primary Registration District No. 3035

File No. ....  
Registered No. 100  
St. .... Ward)

2. FULL NAME Mrs Mary Etta Gibson

(a) Residence. No. .... St., .... Ward. ....  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 12-1878

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
50 3 5

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work House Wife  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

10. NAME OF FATHER Mr Geo Black

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Iowa

12. MAIDEN NAME OF MOTHER Mrs Sara E Jones

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

14. INFORMANT Mrs J. P. Pinter  
(Address) Excelsior Springs

15. FILED Dec 10, 1928 W L Hamilton  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-7 1928

I HEREBY CERTIFY, That I attended deceased from Jan 5 1928, to Jan 7 1928  
(that I last saw her alive on 12-6 1928, and that death occurred, on the date stated above, at 9 5 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Hall's  
Chronic nephritis  
12 1/2 (duration) yrs. 4 mos. da.

CONTRIBUTORY (SECONDARY) Chronic nephritis  
(duration) yrs. 6 mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT IN PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT BEST CONFIRMED DIAGNOSIS? Chronic Nephritis  
(Signed) John J. Jones M. D.

12-8 1928 (Address) Richmond Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sunny Slope DATE OF BURIAL 12-9 1928

20. UNDERTAKER E. J. Hurman ADDRESS Richmond

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.

