

DEC 20 1935

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

Do not use this space.

38227

1. PLACE OF DEATH

County SalineRegistration District No. 796

File No.

Township MarshallPrimary Registration District No. 3038Registered No. 176City Marshall (No. 530 No. Ellsworth)

St. Ward)

2. FULL NAME

Christopher Columbus Gibson(a) Residence, No. 530 No. Ellsworth St., Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Susan Gibson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 28, 18547. AGE YEARS 81 MONTHS 2 DAYS 29 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer - Retired

9. Industry or business in which work was done, as silk mill, 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) Booper Co. Mo. (STATE OR COUNTRY) Mo.13. NAME James Gibson14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) Missouri15. MAIDEN NAME Sarah Coate16. BIRTHPLACE (CITY OR TOWN) Sturgeon Mo. (STATE OR COUNTRY) Mo.17. INFORMANT Mr. O. E. Moore (ADDRESS) Mapton, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Arrow Rock Mo. DATE Nov. 29, 193519. UNDERTAKER Short & McLeary (ADDRESS) Marshall, Mo.20. FILED Nov. 29, 1935 Walter Huston Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-27-193522. I HEREBY CERTIFY, That I attended deceased from 11-26, 1935 to 11-27, 1935I last saw him alive on 11-27, 1935 Death is said to have occurred on the date stated above, at 11 A.

The principal cause of death and related causes of importance were as follows:

Cardio-Respiratory Disease 1931

Other contributory causes of importance: ASBV

Name of operation Date of
What test confirmed diagnosis? Alcohol Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury 19.....Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. -

Manner of injury
Nature of injury24. Was disease or injury in any way related to occupation of deceased? no
If so, specify(Signed) Walter Huston, M. D.
(Address) Marshall Mo.

