SEP 27 1927

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

Do not use this space.

23995

1. PLACE OF DEATH

County Dekalb — Registration District No. 259 — File No.

Township Camden — Primary Registration District No. 4158 — Registered No.

City Maysville (No. ..... St. ..... Ward)

2. FULL NAME Horace Gilbert

(a) Residence. No. ..... St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: M.

4. COLOR OR RACE: Wh.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 16th, 1848

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
78	8	0	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Jeweler & Watchmaker

(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) Ohio

PARENTS

10. NAME OF FATHER Ira Gilbert.

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

12. MAIDEN NAME OF MOTHER Catharine Gilbert

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

14. INFORMANT Mrs J. Reynolds
(Address) Maysville Mo.

15. FILED Aug 17 1927 J. L. Phelps REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 16th 1927

17. I HEREBY CERTIFY, That I attended deceased from January 1st, 1926, to Aug 16th, 1927, that I last saw him alive on Aug 16th, 1927, and that death occurred, on the date stated above, at 5 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of wall of bladder. S 116

49

CONTRIBUTORY (SECONDARY) Villi in bladder

not known (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED At his home

IF NOT AT PLACE OF DEATH? yes

DID AN OPERATION PRECEDE DEATH? yes DATE OF June 1926

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms

(Signed) John McBrown, M. D

, 19 (Address) Maysville 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: City Cem. Maysville — DATE OF BURIAL: 8/18 1927

20. UNDERTAKER: U. G. Pilcher — ADDRESS: Maysville

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.