

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

Do not use this space.

36449

1. PLACE OF DEATH

County Dunklin
Township Cotton Hill
City (No.)

Registration District No. 289
Primary Registration District No. 3407

File No.
Registered No. 47
St. Ward)

2. FULL NAME

Luther Gipson
(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (For the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 15 - 1926

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>1</u>	<u>7</u>	<u>24</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) Infant
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bernie Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER David Gipson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Clayborn Co. Miss

12. MAIDEN NAME OF MOTHER Lillie Abbs

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Lake Providence La.

14. INFORMANT David Gipson
(Address) Malden Mo.

15. FILED 12-9-27 S.E. Mitchell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 9 - 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1927, to Dec 9, 1927 that I last saw him alive on Dec 6, 1927, and that death occurred, on the date stated above, at 3 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Whooping Cough

CONTRIBUTORY (SECONDARY) Broncho Pneumonia

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

1) DID AN OPERATION PRECEDE DEATH? No DATE OF ✓

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical symptoms

(Signed) S.E. Mitchell, M. D.

12-9, 1927 (Address) Malden 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 Stone Chapel DATE OF BURIAL 12-10 1927

20. UNDERTAKER None ADDRESS None

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.

1928

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