R 28 1928

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

Do not use this space.

10416

1. PLACE OF DEATH
County St. Louis — Registration District No. 784 — File No.
Township W. Ferdinand — Primary Registration District No. 6030 — Registered No.
City (No. Route #31 Box 318 R. Prospect Hill St. Ward)

2. FULL NAME Dave Gibson
(a) Residence. No. Route 31 Box 318 R St. Prospect Hill Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 9 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: Col.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 11/1886

7. AGE: Years 41 — Months 7 — Days 15 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Starksville
(STATE OR COUNTRY) Miss

PARENTS
10. NAME OF FATHER Frank Gibson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Starksville
(STATE OR COUNTRY) Miss
12. MAIDEN NAME OF MOTHER Delia Boyd
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Starksville
(STATE OR COUNTRY) Miss

14. INFORMANT Ruly Gibson
(Address) Route 31 Box 318 R. St. Louis Co.

15. FILED 3-27, 1928 O. N. Schuster REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-26- 1928

17. I HEREBY CERTIFY, That I attended deceased from 2-26-, 1928, to 3-26-, 1928 that I last saw him alive on 3-26-, 1928, and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Aortic Regurgitation
90 W
(duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) Acites (Dropsy)
(duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Symptoms
3-27-28, 19 (Signed) L. T. Vincent, M. D
(Address) 239a So. Jefferson

*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: Greenwood Cemetery — DATE OF BURIAL: 3/30, 1928

20. UNDERTAKER: Dunn Bros — ADDRESS: 215 S. Jefferson ave

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.