

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

Do not use this space.

12429

1. PLACE OF DEATH

County Buchanan
Township Wayne
City..... (No. 5 Miles S.W. of St. Joseph)

Registration District No. 86
Primary Registration District No. 528

File No.
Registered No. 19
No. 10 St. Ward)

2. FULL NAME Warren Melvin Gibbins,

(a) Residence No. 5 M.S.W. of St. Joseph St. Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos.
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) Single,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 11, 1920

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>7</u>	<u>7</u>	<u>23</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student, 210G
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Buchanan County,
(STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER John E. Gibbins,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Buchanan Co.,
(STATE OR COUNTRY) Missouri,

12. MAIDEN NAME OF MOTHER Ruby Fisher,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Buchanan Co.
(STATE OR COUNTRY) Missouri

14. INFORMANT John E. Gibbins
(Address) R.F.D. # 1, DeKalb, Mo.

15. FILED 8-5-28 J. J. Trachsel

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 4, 1928

17. I HEREBY CERTIFY, That I attended deceased from April 4 1928, to April 4 1928, and that I last saw him alive on April 4 1928, and that death occurred, on the date stated above, at 4:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1 Traumatism, auto truck struck him running over body crushing chest (accidental) (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF BIRTH?.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?

Post mortem history of accident (Signed) W. M. D.
4-5-28 (Address) St. Joseph 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 Cumberland Ridge Cem. **DATE OF BURIAL** April 7 1928

20. UNDERTAKER HEATON-BEGOLE & BOWMAN FUNERAL HOME **ADDRESS** St. Joseph, Mo.

HEATON-BEGOLE & BOWMAN FUNERAL HOME St. Joseph, Mo.

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ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Buchanan Registration District No. 84 File No.
Township Wayne Primary Registration District No. 5128 Registered No. 19
City (No.) St. Ward)

2. FULL NAME Warren Melvin Gibbins

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED S
(Write the word)

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 4 19 28

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

17. I HEREBY CERTIFY That I attended deceased from 19....., 19.....
that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

THE CAUSE OF DEATH WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

Transpiration, auto truck struck him - running over body crushing chest (accident)

8. OCCUPATION OF DECEASED

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

about 5000 S of 21st Street, No 1000th West, near Beech Church in Wayne

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH friendship

10. NAME OF FATHER

DID AN OPERATION PRECEDE DEATH. DATE

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

19. WAS THERE AN AUTOPSY? 1880

12. MAIDEN NAME OF MOTHER

WHAT TEST CONFIRMED DIAGNOSIS.

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

(Signed) M. D. , 19 (Address)

14. INFORMANT (Address)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

15. June 9, 1928 J. G. Boushiff REGISTRAR

20. UNDERTAKER ADDRESS

SUPPLEMENTARY

REG. IS - GIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY W. STATEMENT CLASSIC

S-12429