

91 1928

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

Do not use this space.
Perinoff
12953
311

1. PLACE OF DEATH
 County Greene Registration District No. 318
 Township Springfield Primary Registration District No. 5440
 City Springfield (No. Springfield Rte. 3) St. Mo. Ward 3

2. FULL NAME William Campbell Gibson
 (a) Residence. No. Springfield Rte 3 Ward 3
 (Usual place of abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m

4. COLOR OR RACE wh

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 1 - 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 8 22

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (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) Missouri

10. NAME OF FATHER Geo. Gibson

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

12. MAIDEN NAME OF MOTHER Elizabeth Proctor

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

14. INFORMANT Martha Gibson
 (Address) Springfield Mo

15. FILED 4/23/28 O. Horst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/23 1928

17. I HEREBY CERTIFY That I attended deceased from April 22, 1928, to April 28, 1928 that I last saw him alive on April 21, 1928, and that death occurred, on the date stated above, at 2:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis with
131 Uraemia
49
1913 (duration) perhaps many months

CONTRIBUTORY (SECONDARY) Arteriosclerosis
myocardium (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED at home
 (IF NOT AT PLACE OF DEATH)

0. DID AN OPERATION PRECEDE DEATH? No. DATE OF —
 WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Examination of urine at
4/25 (Signed) W. Perinoff, M. D.
1928 (Address) Springfield 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 Dorseth, Mo DATE OF BURIAL 4 - 1928

20. UNDERTAKER Charles Schreyer ADDRESS 537 Spring

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.

