JUL 24 1928

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

Do not use this space.

1. PLACE OF DEATH
County LACLEDE — Registration District No. 449 — File No. 24265
Township — Primary Registration District No. 4267 — Registered No. 1482
City LEBANON (No. ..... St. ..... Ward)

2. FULL NAME ELIAS GIBBS
(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: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): WOWER

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): DEC. 13-1839

7. AGE: 88 YEARS — MONTHS: 7 — DAYS: 5 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: NONE
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): LEROY
(STATE OR COUNTRY): ILL.

PARENTS
10. NAME OF FATHER: NOT KNOWN
11. BIRTHPLACE OF FATHER (CITY OR TOWN): "
(STATE OR COUNTRY): " "
12. MAIDEN NAME OF MOTHER: " "
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): " "

14. INFORMANT: Chas R Taylor
(Address): LEBANON MO.

15. FILED July 19, 1928 J M Billings REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 18 1928

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1928, to July 18, 1928, that I last saw him alive on July 16, 1928, and that death occurred, on the date stated above, at 4.30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular Heart Disease
92A
(duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): [signature]
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
0 DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam
(Signed) P. Thompson, M. D.
, 19 (Address) Lebanon 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: LEBANON Mo — DATE OF BURIAL: 7-19 1928

20. UNDERTAKER: PALMER — ADDRESS: LEBANON

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.