

Aug 5 1928

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

Do not use this space.

1. PLACE OF DEATH

County Vernon
Township
City Nevada (No.)

Registration District No. 875-
Primary Registration District No. 3039

File No. 26211
Registered No. 176
St. Ward)

2. FULL NAME

George Franklin Gilbert

(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

white

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

married

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

Saddie E. Gilbert

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

Feb. 20 1886

7. AGE

YEARS MONTHS DAYS
42 4 29
If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farming

(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)

D. I. Missouri

10. NAME OF FATHER

Franklin Gilbert

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ind.

12. MAIDEN NAME OF MOTHER

Saddie Stoker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

14.

INFORMANT (Address)

Mrs Saddie Gilbert, 214 Nevada Street, Nevada, Mo.

15.

FILED

8-10-28 E. O. T. Registrar

MEDICAL CERTIFICATE OF DEATH

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

July 19 1928

17. I HEREBY CERTIFY That I attended deceased from July 17 1928 to July 19 1928 and that I last saw him alive on July 18 1928 and that death occurred on the date stated above, at 8:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Obstruction of bowel by adhesion bands.

Previous attacks of appendicitis causing adhesions

18. WHERE WAS DISEASE CONTRACTED

IF NOT IN PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Beas DATE OF July 17, 1928
7-20, 1928 (Address) Nevada, 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

DATE OF BURIAL

Ball town Cemetery, Nevada, Mo. July 21 1928

20. UNDERTAKER

ADDRESS

Allen V. Hays, Nevada, Mo.

N. E.—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.

