NOV 22 1928

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

34209

1. PLACE OF DEATH

County: Marion — Registration District No.: 552 — File No.:

Township: Marion — Primary Registration District No.: 6745 — Registered No.:

City: (No. St. Ward)

2. FULL NAME Larkin Gibbons

(a) Residence. (Usual place of abode) No. Woodland Route #1 St. Ward. (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: Fannie Gibbons

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 5, 1859

7. AGE: Years 69 | Months – | Days 24 | If LESS than 1 day, hrs. or min.

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: For himself

9. BIRTHPLACE (CITY OR TOWN): Marion County (STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Morris Gibbons

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

12. MAIDEN NAME OF MOTHER: Nancy Farmon

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

14. INFORMANT: Ciril Gibbons (Address): Hannibal, Mo.

15. FILED Oct 30, 1928 Rose E. Wagner REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 29 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1928, to Oct. 29, 1928 that I last saw h. alive on Oct. 29, 1928 and that death occurred, on the date stated above, at 12:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

62 yr.

41

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Two Former Hemorrhages & Arterio Sclerosis Several (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. H. Hess, M. D.

, 19 (Address) Philadelphia 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: Hannibal, Mo. — DATE OF BURIAL: Oct. 31 1928

20. UNDERTAKER: Roy P. Schwartz — ADDRESS: Hannibal Mo.