

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

Do not use this space.

39685

1. PLACE OF DEATH

County Ballwin  
Township Beaumont  
City Beaumont

Registration District No. 109  
Primary Registration District No. 5-138

File No. ....  
Registered No. 437  
St. .... Ward)

2. FULL NAME

James Francis Gorbie

(a) Residence No. .... St. .... Ward. ....  
(Usual place of abode)

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 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 Never Married

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 10 1845

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
83 6 10

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

John Gorbie

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER

Michael McDonald

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) W. Va.

14.

INFORMANT William P. Gorbie  
(Address) Beaumont City Mo

15.

FILED Jan 29 1929 Beaumont  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 20 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 20 1928 until Dec 20 1928 that I last saw him alive on Dec 20 1928 and that death occurred, on the date stated above, at 6:30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Arterial Head Disease

CONTRIBUTOR (SECONDARY) W.D. (duration) 6 yrs. mos. da.

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?.....

(Signed) W.D. Rush, M. D.

12/20, 19 (Address) Beaumont 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

Hopewell

DATE OF BURIAL

12/22 1928

20. UNDERTAKER

Ray Holt Beaumont Mo

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.

JAN 22 1929

WRITE FULLY, WITH CARE AND PRECISION IN THIS SPACE

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