JAN 28 1929

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

Do not use this space.

43790

1. PLACE OF DEATH

County Stone. Registration District No. 1033. File No.

Township Pine. Primary Registration District No. 6113. Registered No.

City (No. , St. Ward)

2. FULL NAME William Howard Gibson.

(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): Single.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 22, 1918.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
10	7	8	

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

PARENTS

10. NAME OF FATHER William Ellis Gibson.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Arkansas.
12. MAIDEN NAME OF MOTHER Cynthia Jane Youngblood
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

14. INFORMANT Claude Gibson.
(Address) Blue Eye, Mo.

15. FILED D. 1928 Chester D. Scott REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 30, 1928.

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 that I last saw h alive on , 19 , and that death occurred, on the date stated above, at 1, P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accident-gun shot wound of the abdomen.

184 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 183 (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?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C. E. Miller, M. D.
Dec. 31, 1928. (Address) Blue Eye, 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: Hale Cemetery in Ark.
DATE OF BURIAL: Dec 31 1928

20. UNDERTAKER Acting as Cleve McCreary
ADDRESS Mormaroo Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated [illegible]. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.