

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

Do not use this space.

6993

**1. PLACE OF DEATH**

County Jefferson Registration District No. 421 File No. 673  
 Township Washington Primary Registration District No. 6575 Registered No. 33  
 City Crystal City (No. \_\_\_\_\_) (Ward \_\_\_\_\_)

**2. FULL NAME**

Harrison Edward 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. 3 mos. 10 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) Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 7 1928

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	-	3	10	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Infant  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Crystal City  
 (STATE OR COUNTRY) Jefferson Co. Mo.

10. NAME OF FATHER Harrison Edward Gibson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Union  
 (STATE OR COUNTRY) Franklin Co. Mo.

12. MAIDEN NAME OF MOTHER Dora Scott

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Crystal City  
 (STATE OR COUNTRY) Jefferson Co. Mo.

14. INFORMANT Dora Gibson  
 (Address) Crystal City Mo

15. FILE NO. 71959 REGISTRAR J. E. Rutledge

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 17 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 7 1929, to Feb 17 1929, that I last saw him alive on Feb 16 1929, and that death occurred, on the date stated above, at 1:30 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

119B  
158  
malnutrition  
 (duration) yrs. 3 mos. \_\_\_\_\_ ds.

CONTRIBUTORY Enteritis  
 (SECONDARY) (duration) yrs. \_\_\_\_\_ mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED 158  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical  
 (Signed) John F. Rutledge, M.D.  
2118, 1829 (Address) Crystal City 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 Festus Mo DATE OF BURIAL Feb. 19 1929

20. UNDERTAKER Quester & Vinyard ADDRESS Festus Mo.

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.

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