

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

Do not use this space.

JUN 26 1929

PLACE OF DEATH

County *Jasper* Registration District No. *41/2002*
Township *Salem* Primary Registration District No. _____
City *Joplin* (No. _____) St. _____ Ward _____

File No. *18539*
Registered No. *239*
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. *2511 Connor* St. _____ Ward _____
(Usual place of abode)

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 *M.* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *Married*
(write the word)

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF *Laura L. Gifford*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *May 29 1864*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 11 29

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) *Brooklyn N.Y.*
(STATE OR COUNTRY)

10. NAME OF FATHER *John Henry Gifford*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Conn.*
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Mary S. Fisher*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Conn.*
(STATE OR COUNTRY)

14. INFORMANT *Laura L. Gifford*
(Address) *Joplin Mo*

15. FILED *S. S. DeBelleck*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *5-28-29*

17. WHEREBY CERTIFY, That I attended deceased from *May 27* 19*29* to *May 28* 19*29*, and that I last saw *him* alive on *May 28* 19*29*, and that death occurred, on the date stated above, at *4-50 A. M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of stomach
4 1/2 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *44* (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) *Edw. W. Gault* M. D.

5-28-1929 (Address) *Joplin 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 *Fairview Cem* DATE OF BURIAL *5-29-29*

20. UNDERTAKER *Hubert W. Gault* ADDRESS *Joplin*

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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