

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

Do not use this space.

36270

1. PLACE OF DEATH

County Bates Registration District No. 50
Township W. Pleasant Primary Registration District No. 3004
City Butte (No. _____) St. _____ Ward _____

File No. _____
Registered No. 69

2. FULL NAME

Gordon V. Gilbert
(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Apr 26, 1912</u>		
7. AGE	YEARS	MONTHS
	<u>17</u>	<u>6</u>
		DAYS
		<u>21</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>School boy.</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		
9. BIRTHPLACE (CITY OR TOWN) <u>Bates County</u> (STATE OR COUNTRY) <u>Missouri</u>		
PARENTS	10. NAME OF FATHER <u>Grover Gilbert</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Missouri</u>	
	12. MAIDEN NAME OF MOTHER <u>Estelle Ball</u>	
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Jawa</u>		
14. INFORMANT <u>Grover Gilbert</u> (Address) <u>Butte, Mo.</u>		
15. FILED <u>11/19 1929</u> <u>Neida L Culver</u> REGISTRAR		

2 MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Nov 9 1929 to Nov 17 1929 that I last saw him alive on Nov 19 1929 and that death occurred, on the date stated above, at 11 o'clock a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Peritonitis, acute.
59
1929

CONTRIBUTORY (SECONDARY) Diabetes Mellitus. (duration) _____ yrs. mos. da.

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) Robert M. ... M. D.
11/19 1929 (Address) Butte 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 <u>Wash Hill</u>	DATE OF BURIAL <u>Nov 19 1929</u>
20. UNDERTAKER <u>Culver</u>	ADDRESS <u>Butte Mo</u>

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.

DEC 18 1929

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