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

Do not use this space.

37213
13. 11.

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1. PLACE OF DEATH
County Jackson — Registration District No. 1202 — File No. 4063
Township Kaw — Primary Registration District No. — Registered No.
City K.C. Mo. (No. 2930, E 30th St. St. Ward)

2. FULL NAME William Walman Gibson
(a) Residence. No. 2930 - E. 30th St., 11 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb-27-1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	76	8	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Cashier Pittsburg
(b) General nature of industry, business, or establishment in which employed (or employer) Glass Co.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

PARENTS
10. NAME OF FATHER Andy J. Gibson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No Record
12. MAIDEN NAME OF MOTHER No Record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No Record

14. INFORMANT Clarence Gibson
(Address) 2930 - E. 30th St.

15. FILED 11/15, 1929 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 15 1927

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) ~~Chronic~~ Arterio sclerosis
(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? autopsy
(Signed) Stanley M. Hall, M. D.
11/15, 1929 (Address) Deputy Coroner

*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	DATE OF BURIAL
Elmwood	No. 18. 1929
20. UNDERTAKER	ADDRESS
Mrs. C. L. Forster	K.C. 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.