JUN 24 1930

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

Do not use this space.

15469

1. PLACE OF DEATH
County Caldwell — Registration District No. 96 — File No. 15
Township — Primary Registration District No. 4058 — Registered No. 15
City Hamilton (No. ..... St. ..... Ward)

2. FULL NAME Herbert W. 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. 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): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 20 1848

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
82	0	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Railroad Main.
(b) General nature of industry, business, or establishment in which employed (or employer) Retired Contractor
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Essex Co.
(STATE OR COUNTRY) New York

PARENTS
10. NAME OF FATHER A. J. Gilbert
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Long Island
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Maria Slosson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) NY
(STATE OR COUNTRY) Long Island

14. INFORMANT Flora R. Brooks
(Address) Green Lake Wis

15. FILED May 10 1930 Tinsley Brown
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar. 11, 1929, to May 8, 1930 that I last saw him alive on May 8, 1930, and that death occurred, on the date stated above, at 3:15 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic Myocarditis. 93C
97 (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio-Sclerosis
(duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? NB
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) F M Daley, M. D
May 10, 1930 (Address) F M Daley

*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: Highland Cemetery
DATE OF BURIAL: May 12 1930

20. UNDERTAKER: John Houghton
ADDRESS: Hamilton 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD