

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

Do not use this space.

5933

WAR 25 1931

**1. PLACE OF DEATH**

County Jackson Registration District No. 400 File No. \_\_\_\_\_  
 Township Prange Primary Registration District No. 5-5-3870 Registered No. 28  
 City Little River (No. Jackson Co. Home) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Peter Gibson  
 (a) Residence, No. J. E. Home 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-19-1863</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>11</u>
	DAYS <u>2</u>	IF LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer, 23%</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>unknown</u>	
	10. Date deceased last worked at this occupation (month and year).....	
	11. Total time (years) spent in this occupation.....	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland</u>	
FATHER	13. NAME <u>unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
	15. MAIDEN NAME <u>unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
	17. INFORMANT <u>J. W. Hostetter</u> (ADDRESS) <u>J. E. Home</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>School of Sisters &amp; Rungny</u> DATE <u>3/4</u>	
	19. UNDERTAKER <u>K. K. Keelin</u> (ADDRESS) _____	
	20. FILED <u>21</u> <u>J. M. S. James</u> (Address) _____ Registrar	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to Feb 21, 1931.  
 I last saw him alive on 2-20, 1931. Death is said to have occurred on the date stated above, at 4 A.m.  
 The principal cause of death and related causes of importance were as follows:  
chron myocarditis Date of onset \_\_\_\_\_

Other contributory causes of importance:  
930

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_ (Signed) J. M. Greene M. D.  
 (Address) Independence 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.

