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

Do not use this space.

19377

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis Mo. (No. 5901 Pershing Ave., St. ..... Ward)

File No. .....

Registered No. 5325

2. FULL NAME JOHNATHAN N. GILBERT

(a) Residence. No. 5901 Pershing Ave., St., 5 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	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katherine Gilbert

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 15th 1840

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	90	10	20	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Grocery merchant

(c) Name of employer Emplo Prop.

9. BIRTHPLACE (CITY OR TOWN) Dublin
(STATE OR COUNTRY) Ind.

PARENTS

10. NAME OF FATHER Thos. L. Gilbert

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dublin
(STATE OR COUNTRY) Ind.

12. MAIDEN NAME OF MOTHER Katherine Elliott

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dublin
(STATE OR COUNTRY) Ind.

14. INFORMANT Katherine E Slabarger
(Address) 5901 Pershing Ave.

15. FILED MAY 5 1931 Max C Parker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 5/'31 19

17. I HEREBY CERTIFY, That I attended deceased from Sept., 1925, to May 4th, 1931 that I last saw him alive on May 4th, 1931, and that death occurred, on the date stated above, at 4:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Regurgitation

92 A

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Senility

(duration) 5 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? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Frank L Davis, M. D.

5/5/31 19 (Address) University Club Bldg.

*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
Dublin Ind.	5/6/31 19

20. UNDERTAKER Alexander & Sons 6175 Delmar ADDRESS

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.