

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

Do not use this space.

21229

1. PLACE OF DEATH

County Harrison Registration District No. 3357
Township Blythedale Primary Registration District No. 4198
City Blythedale No. _____ St. _____ Ward _____

2. FULL NAME

(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 <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Esther Gilbert</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan. 22, 1859</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>5</u>	DAYS <u>4</u>
If LESS than 1 day, _____ hrs. or _____ min.		

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

9. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY) Indiana

10. NAME OF FATHER George Gilbert
11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
(STATE OR COUNTRY) unknown
12. MAIDEN NAME OF MOTHER Mary Bueby
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
(STATE OR COUNTRY) unknown

14. INFORMANT Mrs. Elmer Hunt
(Address) Blythedale Mo

15. FILED 6/26/31 L. J. Claster
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 26 1931
17. I HEREBY CERTIFY, That I attended deceased from April 12, 1931, to June 26, 1931, that I last saw him alive on June 26, 1931, and that death occurred, on the date stated above, at 5:35 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131 Apoplexy
Chronic (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY Chronic Bright's Disease
(SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 131
IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) T. D. Bee M. D.

6/26, 1931 (Address) Blythedale 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 Blythedale Cemetery DATE OF BURIAL 6/26 1931

20. UNDERTAKER O'Phagan & Son Ridgeway Mo ADDRESS

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.

JUL 24 1931

