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.

NOV 5

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

Do not use this space.

35175

1. PLACE OF DEATH
County Newton — Registration District No. 6YY — File No.
Township Buffalo — Primary Registration District No. ~~518~~ 5813 — Registered No.
City (No. , St. Ward)

2. FULL NAME John Gibson
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

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~~ Myrtle Gibson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch 31 1866

7. AGE: YEARS 64 — MONTHS 6 — DAYS 1 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Neosho Missouri

FATHER
13. NAME Alfred Gibson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER
15. MAIDEN NAME Mahalia Lively
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Myrtle Gibson Neosho Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oakwood Cem DATE 10/4 1931

19. UNDERTAKER (ADDRESS) Bigham Neosho Mo

20. FILED 10/15 1931 C E Norris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 1930, to Oct 2, 1931
I last saw him alive on Sept, 1931. Death is said to have occurred on the date stated above, at 11:05 A.m.
The principal cause of death and related causes of importance were as follows:

Rhumatoid Arthritis — Date of onset 1904

5 57A

Other contributory causes of importance: Not known

Name of operation ✓ Date of
What test confirmed diagnosis? ✓ Was there an autopsy?

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) C. E. Maness, M. D.
(Address) Neosho Mo