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.

DEC 21 1931

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

Do not use this space.

37285

1. PLACE OF DEATH

County Dent — Registration District No. 266 — File No.

Township Spring Creek — Primary Registration District No. 5-370. — Registered No. 69

City (No. , St. Ward)

2. FULL NAME Earnest Everet Gibbs

(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 3 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: Ethel Pearl Bace

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar, 2nd 1890

7. AGE: 41 YEARS — MONTHS: 8 — DAYS: 24 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Service Station operater

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): Dent Co Mo

FATHER

13. NAME: James M Gibbs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Crawford Co Mo

MOTHER

15. MAIDEN NAME: Mary Hight

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dent Co Mo

17. INFORMANT (ADDRESS): Mrs Ethel Gibbs Salem Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cedar Grove DATE 11/29 1931

19. UNDERTAKER (ADDRESS): Carl K Spencer Salem Mo

20. FILED 11/28 1931 W E Rudd M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/26 1931

22. I HEREBY CERTIFY, That I attended deceased from No attendeth 19 , to , 19
I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 10.00 pm
The principal cause of death and related causes of importance were as follows:

Carcinoma of Nose — Date of onset

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Other contributory causes of importance:
Asthma

Name of operation Date of
What test confirmed diagnosis? Usual Physical 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? No
If so, specify
(Signed) W E Rudd, M. D.
(Address) Salem, Mo.