

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

Do not use this space.

3719

1. PLACE OF DEATH

10 County Boone Registration District No. 71
Township Cedar Primary Registration District No. 5110A
City None St. _____ Ward _____

File No. _____
Registered No. 4
St. _____ Ward _____

2. FULL NAME

John Albert Gilbert
(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>Male</u>	4. COLOR OR RACE <u>White</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>Marie Gilbert</u> <u>Nov 16 - 1860</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 2 - 1932</u>				
7. AGE	YEARS <u>71</u>	MONTHS <u>2</u>	DAYS <u>29</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>Farmer</u>			
	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. <u>Always</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lowden Va. 2</u>				
MOTHER	13. NAME <u>Joseph B Gilbert</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boone Co., Mo. 1</u>			
	15. MAIDEN NAME <u>Elizabeth Franklin</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va. 2</u>			
17. INFORMANT <u>Claude Gilbert</u> (ADDRESS) <u>Columbia, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park</u> DATE <u>2/57</u> 19 <u>32</u>				
19. UNDERTAKER <u>Tom M. Herzog</u> (ADDRESS) <u>Columbia, Mo.</u>				
20. FILED <u>Mar 3</u> 19 <u>32</u> <u>W. S. Nichols</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-4-1932

22. I HEREBY CERTIFY, That I attended deceased from Feb - 4 - 1932, to X, 1932
I last saw him X alive on _____, 1932 Death is said to have occurred on the date stated above, at 1:00 A.M.
The principal cause of death and related causes of importance were as follows:
Angina Pectoris
Died at his home 6 mi S.
Memphis Mo
9/4/32
Other contributory causes of importance: _____
(5)
94W

Name of operation _____ Date of _____
What test confirmed diagnosis _____ 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 _____, 1932
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) E. H. Davis, coroner M.D.
(Address) Columbia 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.

