

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

Do not use this space.

7185

1. PLACE OF DEATH

110 County Washington Registration District No. 099
Township Richwood Primary Registration District No. 1163
City Richwood (No.) St. Ward

File No.
Registered 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 11-1911

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>21</u>	<u>5</u>	<u>16</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cannon Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237

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) Cannon Falls, Minn

13. NAME Joseph E. Gibson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass

15. MAIDEN NAME Floris M. Gunn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stamford

17. INFORMANT (ADDRESS) Storrs Randle

18. BURIAL, CREMATION, OR REMOVAL PLACE Richwood DATE Feb 28 1932

19. UNDERTAKER (ADDRESS) W. Parker

20. FILED Feb 27 1932 W. Parker Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 25 1932 to Feb 27 1932

I last saw him alive on Feb 25 1932 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar Peritonitis Date of onset

35

10 28

Other contributory causes of importance: Chronic Malnutrition

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) W. Parker, M. D.

(Address) Richwood, Mo

All information should be carefully supplied. Exact statement of OCCUPATION is very important. DEATH in plain terms, so that it may be properly classified.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Washington
Township Richwoods
City Richwoods (No. _____)

Registration District No. 889
Primary Registration District No. 6185

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

2. FULL NAME

Pessie Edwinn Gibson

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 11 - 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
21 X 5 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement Labor

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) Ark

FATHER 13. NAME Joseph E. Gibson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

MOTHER 15. MAIDEN NAME Gladis M. Gibson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

17. INFORMANT George Gibson (ADDRESS) Richwoods Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Richwoods Mo DATE 2-28-1932

19. UNDERTAKER Rayner Bros (ADDRESS) Richwoods Mo

20. FILED 2-27-1932 O. W. Parker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-25-1932 to 2-27-1932, 1932

I last saw him alive on 2-25-1932, 1932. Death is said to have occurred on the date stated above, at 10:00 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset _____

Other contributory causes of importance: chronic malaria

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) O. W. Parker, M. D.
(Address) Richwoods Mo

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 understood. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

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