

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

Do not use this space.

11889

1. PLACE OF DEATH

19 County Cass Registration District No. 147
Township Everett Primary Registration District No. 5211
City (No. _____) St. _____ Ward _____

2. FULL NAME

Ivo Vincent Gibson
(a) Residence. No. Archie Mo. 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 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 Gussie Gibson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 30 1899

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
34 7 22

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work merchant 171
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Grand Ill 2
(STATE OR COUNTRY)

10. NAME OF FATHER Chas P Gibson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Grand Ill
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Minnie E Barnes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Grand Ill
(STATE OR COUNTRY)

14. INFORMANT Clifford Gibson
(Address) Archie Mo

15. FILED 4/22 1932 Dr. B.B. Lutz, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 21 1932

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at 7-30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gun shot wound; a hold up, did at once shot by unknown parties
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 173
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____ (1)

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) B. B. Lutz M. D.

4/22 1932 (Address) Archie, 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 Austin Care DATE OF BURIAL 4/23 1932

20. UNDERTAKER Atkinson E Eastesta ADDRESS Archie, 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.

MAY 23 1932

