

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

Do not use this space.

15730 ^B 2

1. PLACE OF DEATH
 12 County Butler Registration District No. 92
 Township Gillett Bluff Primary Registration District No. 5127
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME W-H. Gilberth
 (a) Residence, No. _____ St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</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>Grace Gilberth</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 1 - 1893</u>		
7. AGE	YEARS <u>38</u>	MONTHS <u>9</u>
	DAYS <u>1</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. <u>✓</u>	
	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) <u>no</u>		
FATHER	13. NAME <u>John Gilberth</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no</u>	
MOTHER	15. MAIDEN NAME <u>Billie</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no</u>	
17. INFORMANT (ADDRESS) <u>Joe Stephen</u> <u>Quinn</u> <u>no</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Quinn</u> DATE <u>5/3</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>no</u>		
20. FILED <u>5/3</u> 19 <u>32</u> <u>Scott Cook</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 4:25 1932 to May 2 1932
 I last saw him alive on May 1 1932. Death is said to have occurred on the date stated above, at 6 P m.
 The principal cause of death and related causes of importance were as follows:
Bronchitis Pneumonia
109 A 107 A
 Date of onset 4-25-32

Other contributory causes of importance: ✓ ⓪

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? no
 If so, specify _____
 (Signed) Scott Cook _____, M. D.
 (Address) Quinn no

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.

AUG 22 1932

15-4-32-2

MAY 2 1949