

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

Do not use this space.

27080

1. PLACE OF DEATH

88 County Randolph
6 Township
8 City Manchester (No.)

Registration District No. 735
Primary Registration District No. 3024

File No.
Registered No. 51
St. Ward)

2. FULL NAME

Clarence Gibson
(a) Residence. No. Huntsville, Mo. 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 married
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 4, 1903

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
29 1 5

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co

10. NAME OF FATHER Alva Gibson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mason Co

12. MAIDEN NAME OF MOTHER Leroy Heifner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co

14. INFORMANT Alva Gibson (Address) Jacksonville, Mo

15. FILED 8/9 1932 Thos. S. Fleming REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 9 1932

17. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1932, to Aug 9, 1932 that I last saw him alive on Aug 9, 1932, and that death occurred, on the date stated above, at 10:53 A.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Accidental fall of rock in coal mine

20 min
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) 201 117
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Huntsville, Mo.

DID AN OPERATION PRECEDE DEATH? No DATE OF X

WAS THERE AN AUTOPSY? X

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R. D. Stretton, M. D.
Aug 9, 1932 (Address) Manchester, 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 Huntsville, Mo DATE OF BURIAL Aug July 11 1932

20. UNDERTAKER Tom B. Patton ADDRESS Huntsville, Mo

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.

SEP 26 1932

