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

Do not use this space.

31547

File No. .....

Registered No. 85

Registration District No. 86

Primary Registration District No. 5127

1. PLACE OF DEATH
County Buchanan
Township
City Washington (No. Route # 7, ... St. ..... Ward)

2. FULL NAME Jackie Lloyd Gibson

(a) Residence, No. Route # 7 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5, 1932

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	0	3	5	

OCCUPATION

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

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) St. Joseph
(STATE OR COUNTRY) Missouri

FATHER

13. NAME S. S. Gibson

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

MOTHER

15. MAIDEN NAME Lena Trueman

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

17. INFORMANT S. S. Gibson
(ADDRESS) Route # 7

18. BURIAL, CREMATION, OR REMOVAL
PLACE King Hill Cem. DATE Oct. 11, 1932

19. UNDERTAKER Fred D. Clark
(ADDRESS) 5025 King Hill Av.

20. FILED Oct 11 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1932, to Oct 10, 1932
I last saw h~~e~~ alive on Oct 10, 1932. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

Bronchio pneumonia — Date of onset Oct 8-32

107A

Other contributory causes of importance:
Syphilis contagiosa & partus & lues. Followed by infection

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) John J. Hughes, M. D.
(Address) St. Joseph 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.