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.

NOV 25 1932

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

Do not use this space.

32829

1. PLACE OF DEATH 58 County Linn
Township Grantsville
City ..... (No. ....., ... St. ..... Ward)

Registration District No. ~~496~~ 504
Primary Registration District No. 5667

File No. .....
Registered No. ~~93~~ 12

2. FULL NAME Charles H. Gibson
(a) Residence, No. ..... St., ... Ward. Brookfield.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 7 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 3, 1854

7. AGE YEARS 78 MONTHS 8 DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

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. Retired merchant
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) Savannah, Mo

FATHER
13. NAME Samuel Gibson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER
15. MAIDEN NAME Cathryn Dizart
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) Mrs. Gertie Wiggins Drumwright, Okla

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Boston cemetery DATE Oct. 16, 1932

19. UNDERTAKER (ADDRESS) C.W.Hill, Brookfield, Mo.

20. FILED 10-16 1932 [signature] Registrar.
U C Dryden

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/15/32, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1932, to Oct 13, 1932
I last saw him alive on Oct 13, 1932 Death is said to have occurred on the date stated above, at 9 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	1932
General Arteriosclerosis	2

Other contributory causes of importance:
82B
97

Name of operation none Date of —
What test confirmed diagnosis physical Exp. Was there an autopsy? no

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) Roy R Haley, M. D.
(Address) Brookfield Mo.