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 28 1932

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

Do not use this space.

33266

1. PLACE OF DEATH 87 County Ralls Registration District No. 725
Township Center Primary Registration District No. 5956
City ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Henry Lee Gibbs
(a) Residence, No. Center 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 Pearl Gibbs
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28-1865
7. AGE YEARS 67 MONTHS 6 DAYS 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1
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) (STATE OR COUNTRY) Pike Co Mo 1

FATHER
13. NAME William Gibbs 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 2

MOTHER
15. MAIDEN NAME Martha Stafford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1

17. INFORMANT (ADDRESS) Pearl Gibbs Wife Center Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olivet Center Mo DATE Oct. 27 1932
19. UNDERTAKER (ADDRESS) W. H. Couch, Center Mo
20. FILED Oct 26 1932 J. T. Howard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25 1932
22. I HEREBY CERTIFY, That I attended deceased from Oct. 24 1932 to Oct. 25 1932
I last saw him alive on Oct 25 1932 Death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

Hemorrhage of Brain

Date of onset

Other contributory causes of importance:

Name of operation none Date of .....
What test confirmed diagnosis? symptoms 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) T. M. Monroe, M. D.
(Address) Center Mo