

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

Do not use this space.

35126

1. PLACE OF DEATH

County Clay
Township Fishing River
City Excelsior Springs, Mo. (No. U.S. Veterans Hospital)

Registration District No. 198
Primary Registration District No. 3011

File No. _____
Registered No. 139
St. _____ Ward _____

2. FULL NAME Isaac Gibbs

(a) Residence, No. U.S. Veterans Hospital, Excelsior Springs, Mo. 2329 1/2 Wash St., St. Louis, Mo.
(If nonresident, give city or town and State)
(Unusual place of abode)

Length of residence in city or town where death occurred yrs. 5 mos. 20 ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** Colored **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (*write the word*) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 15, 1895

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
37 37 6 26

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction work

10. Date deceased last worked at this occupation (month and year) Unknown **11. Total time (years) spent in this occupation.** Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

13. NAME Abram Gibbs

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

15. MAIDEN NAME Willie Belle Mitchell

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

17. INFORMANT Hospital Records, Veterans Hospital
(ADDRESS) Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jefferson Barrack DATE 11-14 1937

19. UNDERTAKER John C. Prother
(ADDRESS) Excelsior Springs, Mo.

20. FILED Nov. 13 1937 J. D. Crow
Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1932, to Nov. 10, 1932

I last saw him alive on Nov. 10, 1932 Death is said

to have occurred on the date stated above, at 1:44 PM
The principal cause of death and related causes of importance were as follows:

Chronic Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical Examination 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?

If so, specify Unknown
(Signed) John C. Prother, M. D.
(Address) Excelsior Springs, 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.

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JUN 18 1947

FEB 10 1947

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STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 35126
Local Registrar's No. 139

State of Missouri
City of St. Louis
County of St. Louis) ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 16th day of June, 1947, before me appears Rev. A. W. Reynolds, who, upon his oath, states that the original record of birth death for Isaac Gibbs, died Nov 10, 1932 in the State of Missouri, and which was filed at J.C. MO on 1-7, 1933, should be corrected as follows:

- Item No. 5a should read Ella
Instead of Ellen
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Rev. A. W. Reynolds Relationship Father
4356 Finney Av
Present Address St. Louis, Mo.

Subscribed and sworn to before me this 16th day of June, 1947

My Commission expires July 31, 1947 Geo. H. J. J. J. J. Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-35/26