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 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impor

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

Do not use this space.

5799

399

1. PLACE OF DEATH

County JACKSON — Registration District No. 1002 — File No.

Township KAW — Primary Registration District No. — Registered No. 751

City KANSAS CITY (No. 4118 GARFIELD St. Ward)

2. FULL NAME RICHARD EUGENE GIBSON

(a) Residence, No. 4118 - GARFIELD St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 3 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): SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEBRUARY-11-1932

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

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE
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) KANSAS CITY (STATE OR COUNTRY) MISSOURI

FATHER

13. NAME FRED R GIBSON
14. BIRTHPLACE (CITY OR TOWN) KANSAS CITY (STATE OR COUNTRY) KANSAS

MOTHER

15. MAIDEN NAME ADA BORROWMAN
16. BIRTHPLACE (CITY OR TOWN) KANSAS CITY (STATE OR COUNTRY) MISSOURI

17. INFORMANT MR. FRED R. GIBSON (ADDRESS) 4118 GARFIELD AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK DATE FEBRUARY-16, 1933

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) KANSAS CITY, MISSOURI

20. FILED 2-15, 1933 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEBRUARY-14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1933, to Feb. 14, 1933

I last saw her alive on Feb. 14, 1933. Death is said to have occurred on the date stated above, at 6:30 A.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia (Complete left lung) — Date of onset 2/11

Other contributory causes of importance: Toxic myocarditis

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical 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 .....

(Signed) [signature], M. D.

(Address) .....

rausion [illegible]

02 - East - 24th St

5