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.

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

Do not use this space.

18821

File No. 23

Registered No.

1. PLACE OF DEATH

County Audrain

Township Salling

City (No. , St. Ward)

Registration District No. 79

Primary Registration District No. 5036

2. FULL NAME James Lester Gilbert

(a) Residence, No. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Month day Unknown 1893

7. AGE Years 40 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) Laurel Kans.

FATHER

13. NAME Wm. Burton Gilbert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belavia N.Y.

MOTHER

15. MAIDEN NAME Dora Duke

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jerseyville Ill.

17. INFORMANT (ADDRESS) H.R. Gilbert Laurel Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Centralia Mo Cem DATE June 22, 1933

19. UNDERTAKER (ADDRESS) O.M. McDonald Centralia Mo

20. FILED 6/22 1933 E. N. Gentry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19

I last saw him alive on , 19. 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:

	Date of onset
Coroner's case-suicide by hanging with a 3/8 inch rope	
165	

165

Other contributory causes of importance

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) W K McCall Coroner, Audrain County M.D.

(Address) Laddonia, Missouri