

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

Do not use this space.

22671

1. PLACE OF DEATH

County Cooper

Registration District No. 218

File No. 22671

Township Boonville Mo

Primary Registration District No. 3011

Registered No. 60

City Boonville Mo

St. _____ Ward _____

2. FULL NAME

Andrew Gibson

(a) Residence. No. 10th Street St. _____ Ward _____

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Husband Mahala Gibson

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

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

About 58

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Head Carrier

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Howard County Mo

(STATE OR COUNTRY)

10. NAME OF FATHER

Isaac Gibson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

" "

14.

INFORMANT

(Address)

Mahala Gibson
10th St. South

15.

FILED

7/14 1933 D. P. W. B. Worth

REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR)

July 12 1933

17.

I HEREBY CERTIFY, That I attended deceased from June 22, 1933, to July 13, 1933, that I last saw him alive on July 13, 1933, and that death occurred, on the date stated above, at Boonville Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Malaise, inflammation of the
Bladder, acute auricular
96

CONTRIBUTORY (SECONDARY)

Influenza
(duration) about yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. H. Brown, M. D.

13 July, 1933 (Address) Boonville Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

City Cemetery Boonville 7/14 1933

20. UNDERTAKER

ADDRESS

D. S. Williams Morgan St.
821 B

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.

AUG 22 1933

PARENTS

