

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

Do not use this space.

**26242**

File No. ....  
Registered No. **43**  
St. .... Ward)

1. PLACE OF DEATH  
**42** County Henry Registration District No. 347  
**4** Township Clinton Primary Registration District No. 3018  
**7** City Clinton (No. ....)  
2. FULL NAME John A. Gilbreath  
(a) Residence, No. 519 E Jefferson Ward. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**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 Edith M. Gilbreath  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct - 31 - 1865  
7. AGE YEARS 77 MONTHS 9 DAYS 18 If LESS than 1 day, .... hrs. or .... min.

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

12. BIRTHPLACE (CITY OR TOWN) St. Clair Co. Mo. (STATE OR COUNTRY) Missouri

13. NAME Simoneo Gilbreath

14. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Margaret

16. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY) Mo.

17. INFORMANT Edith Gilbreath (ADDRESS) Clinton Mo.

18. BURIAL, CREMATION, OR REMOVAL Clinton City Mo DATE 8-21-33

19. UNDERTAKER Fred Wilkinson (ADDRESS) Clinton Mo.

20. FILED 8/23 1933 Ed C. Peeler Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-19-33

22. I HEREBY CERTIFY, That I attended deceased from 8/19 1933 to 8/19 1933  
I last saw him alive on 8/19 1933 Death is said to have occurred on the date stated above, at 5:15 PM

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

Unknown fall on side-walk. I was called he was dead when I arrived.  
1867  
Other contributory causes of importance: 1867

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... 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) W. S. Walker , M. D.  
(Address) Clinton 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.

SEP 26 1933

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