

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

Do not use this space.

35902

1. PLACE OF DEATH  
 County Cape Girardeau Registration District No. 179  
 Township Shawnee Primary Registration District No. 5180  
 City..... (No. .... St. .... Ward)

2. FULL NAME Charles Madison Gillebr  
 (a) Residence, No. .... St. .... Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)  
 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.

File No. ....  
 Registered No. 16

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-14-1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
82 11 17

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

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

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

12. BIRTHPLACE (CITY OR TOWN) Cape Co  
 (STATE OR COUNTRY) Mo

13. NAME Ruben Gillebr

14. BIRTHPLACE (CITY OR TOWN) Cape Co  
 (STATE OR COUNTRY) Mo

15. MAIDEN NAME Stout

16. BIRTHPLACE (CITY OR TOWN) Cape Co  
 (STATE OR COUNTRY) Mo

17. INFORMANT Ruby Gillebr  
 (ADDRESS) Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Gona Amt DATE 11-23 1923

19. UNDERTAKER Humanis Funeral Home  
 (ADDRESS) Cape Girardeau Mo

20. FILED 11-3- 1933 G. J. Schosier  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-1 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1 1932, to Nov 1 1933

I last saw him alive on Nov 1 1933 Death is said to have occurred on the date stated above, at 4307 W. W.

The principal cause of death and related causes of importance were as follows:  
Chronic Heart Disease Date of onset  
958 957

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) J. Miller M. D.  
 (Address) Cape Girardeau Mo

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.

NOV 10 1933  
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