

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

Do not use this space.

FEB 27 1934
67
2

PLACE OF DEATH

County Macon
Township Lallata
City Lallata (No. _____)

Registration District No. 532
Primary Registration District No. 7318

File No. 1845
Registered No. _____
St. _____ Ward _____

2. FULL NAME

William Thomas Gilbreath

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sarah M Gilbreath</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 26-1849</u>		
7. AGE YEARS <u>84</u>	MONTHS <u>9</u>	DAYS <u>7</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>Retired Banker</u>	
	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) <u>Macon Co Mo</u>		
FATHER	13. NAME <u>John Gilbreath</u>	
	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Tenn</u>	
MOTHER	15. MAIDEN NAME <u>Martha Clayton</u>	
	16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Maryland</u>	
17. INFORMANT (ADDRESS) <u>Oliver C. Breaths</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lallata</u>	DATE <u>Jan 4</u> 19 <u>34</u>	
19. UNDERTAKER (ADDRESS) <u>F. J. Phyllis</u>		
20. FILED <u>114</u>	19 <u>34</u> <u>Dr. A. B. Stiffins</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 1934

22. I HEREBY CERTIFY That I attended deceased from Sept 26 1933 to Jan 2 1934

I last saw him alive on Jan 11 1934. Death is said to have occurred on the date stated above, at 3 a m.

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

Pernicious anemia Date of onset _____
Coronary Sclerosis

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Blood test 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? No

If so, specify _____

(Signed) H. O. Newton M. D.
(Address) Lallata Mo

