

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.

MAR 24 1934

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

Do not use this space.

6778  
1625

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City **Saint Louis** (No. **3040 Thomas Street**, ..... St. .... Ward)

File No. ....  
Registered No. ....

2. FULL NAME **Willis Gibson**

(a) Residence, No. **3040 Thomas Street** St. **21** 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WHO NEXT OF KIND HUSBAND OF **Ola Gibson**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 7th, 1900**

7. AGE YEARS **33** MONTHS **10** DAYS **5** If LESS than 1 day, ..... hrs. or ..... min.

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

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) **Unavailable** 11. Total time (years) spent in this occupation **Unk.**

12. BIRTHPLACE (CITY OR TOWN) **Saint Louis, Missouri**

13. NAME **Samuel R. Gibson**

14. BIRTHPLACE (CITY OR TOWN) **Louisville, Kentucky**

15. MAIDEN NAME **Carrie Key**

16. BIRTHPLACE (CITY OR TOWN) **Greenville, Mississippi**

17. INFORMANT (ADDRESS) **Mrs. Alma Ross, 2417 Goode Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park, Feb. 16, 1934**

19. UNDERTAKER (ADDRESS) **Charles J. Bates, 4107 Finney Avenue**

20. FILED **J. A. Bredeck, Registrar**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **February 12, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **2/8** to **February 12, 1934**

I last saw him alive on **February**, 19**34** Death is said to have occurred on the date stated above, at **11:30 A.M.**

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

**Globe Pneumonia**

Date of onset **2/8/34**

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) **Chas. J. Bates**, M. D.  
(Address) **4322a Easton Avenue**

