

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.

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Dunklin Registration District No. 289
Township Canaan Hill Primary Registration District No. 5407
City (No.) St. Ward

File No. 12457
Registered No. 23

2. FULL NAME Jose J. Gibson

(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.

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 Sarah Viola Gibson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 1, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 5 13

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

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) Mo

13. NAME Jose Gibson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Sarah Ouellet

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

17. INFORMANT Sarah Viola Gibson (ADDRESS) Malden Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bloomfield DATE 4-15 1934

19. UNDERTAKER M. B. Craig (ADDRESS) Malden Mo

20. FILED 4-15 1934 S. B. Mitchell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from unattended by 1934 to 10 1934

I last saw h. alive on doctor 1934. Death is said to have occurred on the date stated above, at 11:45 p.m.

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

Accidentally being run over by the truck after he had jumped out and fallen down

Other contributory causes of importance:

210

Name of operation 210 Date of 210

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? Accident Date of injury 4-14-1934

Where did injury occur? Town of Duncanson Mo

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Pushing car

Nature of injury Auto truck

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. Reglow M. D.

(Address) Kennett Mo

