

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

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1. PLACE OF DEATH

County Camden
Township Warren
City..... (No. St. Ward)

Registration District No. 121
Primary Registration District No. 5173

File No.
Registered No.

2. FULL NAME

Daniel P. Gibson

(a) Residence, No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>83</u>	<u>11</u>	<u>19</u>	

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

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) Louisville Ky.

MOTHER FATHER 13. NAME Turner Gibson

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

MOTHER 15. MAIDEN NAME Mahaley Boone

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

17. INFORMANT Mrs. P. Moses (ADDRESS) Lebanon Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Pleasant Hill DATE 5/16 1934

19. UNDERTAKER Gulmore (ADDRESS) Lebanon Mo.

20. FILED June 10 1934 Lizzie Ketter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1 1934 to May 15 1934

I last saw him alive on May 13 1934 Death is said to have occurred on the date stated above, at 6:00 A.M.

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

General Paralysis
of old followed by
Bronchial Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation None 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 ✓ 1934

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) John S. Monelle, M. D.

(Address) Lebanon Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. **PHYSICIANS SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. MISSOURI STATE BOARD OF HEALTH**

JUN 20 1934

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Camden
Township Warren
City Warren (No.)

Registration District No. 121
Primary Registration District No. 5173

File No.
Registered No. 9 (Ward) St.

2. FULL NAME

Daniel R Gibson

(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED w (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2 - 1851

7. AGE YEARS 83 MONTHS 11 DAYS 19 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Russell Ky

FATHER
13. NAME Turner Gibson

FATHER
14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) 16 Ky

MOTHER
15. MAIDEN NAME Mahaley Gibson

MOTHER
16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) 16 Ky

17. INFORMANT (ADDRESS) Mrs C Gibson

18. BURIAL, CREMATION, OR REMOVAL PLACE Beaumont Hill DATE 5/16 1934

19. UNDERTAKER (ADDRESS) Palmer Reberon ma

20. FILED 7 1 1934 Bruce Claiborne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1 1934 to May 15 1934

I last saw him alive on May 13 1934. Death is said to have occurred on the date stated above, at 6 a m.
The principal cause of death and related causes of importance were as follows:

gentle Paralysis followed by terminal pneumonia
Date of onset
Infermity due to age

Name of operation none Date of

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 John A Maulder (Signed) Debaron ma (Address) M. D.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
Every item 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.

5-15-973