

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

Do not use this space.

24165
369

1. PLACE OF DEATH

County Greene
Township Campbell
City Springfield

Registration District No. 318
Primary Registration District No. 1st 5440

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

2. FULL NAME Andrea D. Gibbons

(a) Residence, No. 25 South St., New York City Ward. New York, N. Y.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 7 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5, 1896

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>38</u>	<u>0</u>	<u>18</u>	

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

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lake Charles, La.

13. NAME Robbons, Joseph

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

15. MAIDEN NAME Freeman, Emma

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

17. INFORMANT deceased
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL Removal
PLACE San Antonio, Texas DATE July 25, 1934

19. UNDERTAKER Alma Lohmeyer Funeral Home
(ADDRESS) Springfield, Missouri

20. FILED 7-25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1934 19

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1934, 19____, to July 23, 1934.

I last saw him alive on July 23, 1934 Death is said to have occurred on the date stated above, at 4:45A.m.

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

Cirrhosis of the liver.
Ascites.

Date of onset _____

Other contributory causes of importance _____

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? YES

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) [Signature] M. D.
(Address) Dept. of Justice Medical Center

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

AUG 8 1934

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.

