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.

SEP 12 1934

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

Do not use this space.

File No. 28391

Registered No. 971

1. PLACE OF DEATH
County Buchanan
Township Washington
City St Joseph Mo (No. Mo Mutt Hop St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME William Dean Gibson

(a) Residence, No. Maitland, Mo 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1. 1933

7. AGE: Years 1 | Months 3 | Days 15 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Maitland, Mo

FATHER
13. NAME William Gibson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

MOTHER
15. MAIDEN NAME Dorothy Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sigelar, Mo

17. INFORMANT (ADDRESS) Grandfather - Willie Smith Maitland, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mound city DATE Aug 16 1934

19. UNDERTAKER (ADDRESS) Pettijohn & Crawford Mound city Mo

20. FILED 8-16 1934 John R. Bender M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 13 1934, to Aug 16 1934
I last saw him alive on Aug 16 1934 Death is said to have occurred on the date stated above, at 12:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	8-12-34
Blood stream infection	
Other contributory causes of importance: Infected Wound on Rt. Arm	8/10/34
Insect bit on arm & scratched arm causing infection	

Name of operation None Date of
What test confirmed diagnosis? None 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) W. Roger Moore, M. D.
(Address) St Joseph Mo