

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.

DEC 1 1 1934

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

Do not use this space.

1. PLACE OF DEATH

County Dickson
Township Saltwater
City (No.) St. Ward)

Registration District No. 26
Primary Registration District No. 3034

File No. 38421
Registered No. 155

2. FULL NAME

Charles Wesley Gibson
(a) Residence, No. R.F.D.-3 - Mexico mo Ward.

(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21-1861

7. AGE YEARS 73 MONTHS 3 DAYS 15 IF LESS than 1 day, hrs. or min.

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) Livermore Mo

FATHER 13. NAME James Gibson

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

MOTHER 15. MAIDEN NAME Minervia Starns

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

17. INFORMANT Nancy M. Gibson (ADDRESS) in care of me

18. BURIAL, CREMATION, OR REMOVAL PLACE Central Burial Co mo DATE 10-6 1934

19. UNDERTAKER H. D. Priest & Son (ADDRESS) in care of me

20. FILED 11/5/34 1934 Blanche Kelly Registrar

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 1934 to Nov 5 1934
I last saw him alive on Nov 5 1934. Death is said to have occurred on the date stated above, at 5:30 A.M.

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

Bronch Pneumonia
11/5
10:11
11 a
Date of onset

Other contributory causes of importance: Intemperance

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? no
If so, specify

(Signed) E. F. Tolson M. D.
(Address) in care of me

