

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

Do not use this space.

JAN 24 1935

1. PLACE OF DEATH

County Buchanan Registration District No. 82 File No. 42113
 Township Washington Primary Registration District No. 5127 Registered No. 109
 City St. Joseph (No. died on Highway # 71, Seven miles so. of St. Joseph Ward)

2. FULL NAME George Gibson

(a) Residence, No. _____ St. _____ Ward. Gravette Arkansas
 (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) Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 22, 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
68 11 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Armour & Co. Packers.
 10. Date deceased last worked at this occupation (month and year) 1926 11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CRAB Co. Illinois

MOTHER 13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT M. L. Payne
 (ADDRESS) Route 7, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE King Hill Cem. DATE Dec. 26, 1934

19. UNDERTAKER Clark Mortuary
 (ADDRESS)

20. FILED Jan 26 34 J. J. Bannister
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 24, 1934 19

22. I HEREBY CERTIFY, That I attended deceased from order Dec 25, 1934 to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:50 P.M.

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

Chronic myocarditis
93 10

Date of onset

Other contributory causes of importance:

Name of operation none Date of _____
 What test confirmed diagnosis? Chrom. histology 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? _____

If so, specify _____
 (Signed) Forrest Thomas Coroner, M.D.

(Address) St. Joseph Mo.

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.

