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.

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

Do not use this space.

6341

MAR 28 1935

80

1. PLACE OF DEATH
County Pettis — Registration District No. 664 — File No.
Township Green Ridge — Primary Registration District No. 5-882 — Registered No. 4
City (No. , St. Ward)

2. FULL NAME Thomas E. Gibney
(a) Residence, No. Windsor, Missouri 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	II	15 ~~10~~	

OCCUPATION
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

2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York City, N. Y.

FATHER
13. NAME Thomas Gibney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

31

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

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17. INFORMANT (ADDRESS) Mrs. E. D. Smith

18. BURIAL, CREMATION, OR REMOVAL
PLACE Windsor, Mo. DATE Feb. 12 1935

19. UNDERTAKER Huston-Turner
(ADDRESS) Windsor, Missouri

20. FILED Feby 15 1935 G. R. Shelley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1935, to Feb 9, 1935
I last saw him alive on Feb 9, 1935. Death is said to have occurred on the date stated above, at 11:20 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Vascular Heart Disease	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical 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) T. A. Blackmore, M. D.
(Address) Windsor, Mo.

G.R. Shelley
Green Ridge