

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.

MAY 31 1935

13660

1. PLACE OF DEATH

County Monroe
Township Monroe
City Monroe City No. _____

Registration District No. 581
Primary Registration District No. 4343

File No. _____
Registered No. 23
St. _____ Ward _____

2. FULL NAME

George Gibson

(a) Residence, No. _____ St., _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>African</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Marie Gibson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 28, 1855</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>10</u>
	DAYS <u>0</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Retired farmer</u>
	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) Missouri

FATHER 13. NAME James Gibson

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER 15. MAIDEN NAME Pollie Kelso

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Marie Gibson
(ADDRESS) Monroe city Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE None DATE April 30, 1935

19. UNDERTAKER George Sivany
(ADDRESS) Franklin Mo.

20. FILED Apr 29, 1935 O. W. Wilson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 13, 1935 to Apr 28, 1935
I last saw him alive on Apr 26, 1935. Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:
Chronic interstitial nephritis and valvular disease of the heart disease, 1934

Other contributory causes of importance:
General arteriosclerosis

Name of operation None 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? No Date of injury No, 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 No
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) W. D. Phipps, M.D.
(Address) Monroe City, Mo.

