

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

Do not use this space.

JUN 5 1935

15381

1. PLACE OF DEATH

County Vernon Registration District No. 875
Township Washington Primary Registration District No. 6162
City Washington (No. _____) St. _____ Ward _____

File No. _____
Registered No. 76

2. FULL NAME

(a) Residence, No. 1015 1/2 W. 3 St., Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 22 yrs. 10 mos. 4 ds. How long in U. S., if of foreign birth? yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 10, 1886</u>		
7. AGE	YEARS <u>48</u>	MONTHS <u>4</u>
	DAYS <u>2</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>invalid</u>	
	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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1935, to June 12, 1935.

I last saw him alive on June 11, 1935. Death is said

to have occurred on the date stated above, at 10:40 P. m.

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

Epilepsy Date of onset Feb 1935
Status epilepticus 4/8/35

Other contributory causes of importance: _____

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? _____ 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) I. T. E. Wall, M. D.

(Address) Peruda Mo

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ballwin Mo.</u>
	13. NAME <u>Geo. Gibson</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>
	15. MAIDEN NAME <u>Susan Mitchell</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	17. INFORMANT (ADDRESS) <u>Mrs. H. Brazelton Permuter Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>SH# 3</u> DATE <u>4-13 35</u>	
19. UNDERTAKER (ADDRESS) <u>Allen J. Hays Nevada Mo.</u>	
20. FILED <u>April 13 1935</u> <u>M. Beckinger</u> Registrar.	

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.

How?

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24

