

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

Do not use this space.

15-407-3

DEC 28 1935

1. PLACE OF DEATH
 County Wayne Registration District No. 890
 Township St. Francis Primary Registration District No. 4034
 City..... (No.) St. Ward.....

2. FULL NAME Urban Gibbs
 (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)

File No.
 Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Mary Gibbs
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 21 - 1876
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 X 23
 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..... Farmer
 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) Idenallen, Mo
 FATHER 13. NAME Adolph Gibbs
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina
 MOTHER 15. MAIDEN NAME Elmira Zumbler
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 17. INFORMANT Benton Gibbs
 (ADDRESS) Greenville, Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Idenallen DATE 4 5 35
 19. UNDERTAKER C. H. Howell
 (ADDRESS) Greenville Mo 40670
 20. FILED 4/4 19 35 Asst. Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-4-35
 22. I HEREBY CERTIFY, That I attended deceased from March, 1935, to 4-4-, 1935
 I last saw him alive on 4-1-, 1935. Death is said to have occurred on the date stated above, at 10.30 A. M.
 The principal cause of death and related causes of importance were as follows:
Ruptured abscess in Lung. R. Date of onset.....
 Other contributory causes of importance:
 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.....
 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) J. F. Wagner, M. D.
 (Address) Greenville, 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.

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